



City of Airway Heights
1208 S. Lundstrom Street
Airway Heights, WA 99001
Phone (509) 244-5514
Fax (509) 413-1382
www.cawh.org

(STAFF USE ONLY)
PERMIT NUMBER: _____
PERMIT FEE: _____

FIRE SAFETY PERMIT APPLICATION

SITE ADDRESS:

ASSESSORS PARCEL NO:

LEGAL DESCRIPTION:

BUILDING OWNER NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT NAME:

PHONE:

FAX:

CELL:

CONTRACTOR NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

CELL:

CONTRACTOR LICENSE NO.:

EXPIRES:

CITY BUSINESS LICENSE NO.:

NAME OF OCCUPANT OF STRUCTURE:

PHONE:

FAX:

CELL:

CONTACT NAME:

PHONE:

CELL:

TYPE OF PERMIT:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> FIRE SPRINKLERS | <input type="checkbox"/> PAINT BOOTH |
| <input type="checkbox"/> FIRE ALARM | <input type="checkbox"/> BLASTING |
| <input type="checkbox"/> TENT | <input type="checkbox"/> FIREWORKS |
| <input type="checkbox"/> ABOVE GROUND STORAGE TANK | <input type="checkbox"/> OTHER |

DESCRIBE THE SCOPE OF WORK IN DETAIL:

TOTAL COST OF PROJECT: \$

DISCLAIMER

The permitted verifies, acknowledges and agrees by their signature that: 1) If this permit is for construction on a dwelling, the dwelling is/will be served by potable water. 2) Ownership of this City of Airway Heights permit inure to the property owner. 3) The signatory is the property owner or has permission to represent the property owner in this transaction. 4) All construction is to be done in full compliance with the City of Airway Heights code. Referenced codes are available for review at the City of Airway Heights Building Department. 5) The City of Airway Heights permit is not a permit or approval for any violation of federal, state, or local laws, codes or ordinances. 6) Plans or additional information may be required to be submitted and subsequently approved before this application can be processed,

Signature:

Date: