



City of Wenatchee

COMMUNITY DEVELOPMENT DEPARTMENT

1350 McKittrick St., Suite A, Wenatchee, WA 98801
Phone (509)888-3244 Building Inspection Line (509)888-3263
Fax (509)888-3201 www.wenatcheewa.gov

GENERAL FIRE PERMIT APPLICATION

SPRINKLER FEES:

- NFPA 13 \$ 150.00+ \$1.50 per head NFPA 13R/13D \$ 100.00+ \$1.50 per head
of heads _____ # of heads _____

- Standpipe \$ 100.00 Fire Pump/ Equip \$ 150.00 Fire Line \$ 150.00

FIRE ALARM SYSTEM FEES:

- Fire Alarm Installation \$ 100.00 + \$ 2.00 per component
of components _____

EXTINGUISHING SYSTEM FEES:

- Inert Gas \$ 100.00 Wet Chemical UL 300 \$ 100.00 Other _____ \$ 100.00

FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK FEES: MISC. PERMIT/INSPECTION FEES:

- | | |
|---|---|
| <input type="checkbox"/> Commercial Installation \$ 200.00 | <input type="checkbox"/> Fireworks Use/Display \$ 100.00 |
| <input type="checkbox"/> Each additional tank \$ 65.00 | <input type="checkbox"/> Exhibition/Carnivals/Fairs \$ 50.00 |
| <input type="checkbox"/> Commercial Removal/Fill in Place \$ 100.00 | <input type="checkbox"/> All Other Permits/ Misc \$75.00 per hour |
| <input type="checkbox"/> Each additional tank \$ 50.00 | Inspections (I hour minimum charge) |
| <input type="checkbox"/> Residential Oil Tank Abatement \$ 100.00 | |

PLAN REVIEW REQUIREMENTS FOR FIRE PERMIT APPLICATIONS

- 2 sets of plans** (Maximum plan size 24" x 36")

Plans are required for:

- ✓ New sprinkler systems and existing systems adding fifteen or more heads
- ✓ New fire alarm systems, including panels and installation of fire alarm devices connecting to existing systems
- ✓ All pre-action systems
- ✓ Sprinkler system underground mains
- ✓ Fire suppression system for commercial hoods
- ✓ Special extinguishing systems

For questions regarding code requirement and plan review, please call the Building Division main line at (509) 888-3244.

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|---|--|--|--|
| CITY OF WENATCHEE GENERAL FIRE PERMIT APPLICATION DEPARTMENT OF COMMUNITY DEVELOPMENT 1350 MCKITTRICK ST., SUITE A WENATCHEE, WA 98801 Building Department (509) 888-3244 Inspection Line (509) 888-3263 Fax (509) 888-3201 | | DATE APPLIED | |
| | | PERMIT NO. | |
| JOB SITE ADDRESS: | | JOB SITE PHONE | |
| LEGAL DESCRIPTION: | | PARCEL NO. | |
| NATURE OF WORK: | | VALUATION (LABOR AND MATERIALS) \$ | |
| TYPE OF USE : (Please check the one that best applies) <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____ PERMIT TYPE: <input type="checkbox"/> Sprinkler <input type="checkbox"/> Alarm <input type="checkbox"/> Suppression <input type="checkbox"/> Fire Line <input type="checkbox"/> Tank Decommission <input type="checkbox"/> Fireworks <input type="checkbox"/> Other _____ | | | |
| APPLICANT'S NAME: | | CONTACT NAME: _____ | |
| | | PRIMARY PHONE: () _____ | |
| MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP) | | ALT PHONE: () _____ | |
| | | EMAIL: _____ | |
| OWNER'S NAME: | | CONTACT NAME: _____ | |
| | | PRIMARY PHONE: () _____ | |
| MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP) | | ALT PHONE: () _____ | |
| | | EMAIL: _____ | |
| CONTRACTOR'S NAME: (copy of contractor's registration card required): | | CONTACT NAME: _____ | |
| | | PRIMARY PHONE: () _____ | |
| MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP) | | ALT PHONE: () _____ | |
| | | EMAIL: _____ | |
| CONTRACTOR'S LICENSE NUMBER: | EXPIRATION DATE: | CITY BUSINESS LICENSE NUMBER: | EXPIRATION DATE: |
| Are you removing, replacing or adding sheetrock, roofing, wall or framing materials to complete this work? Yes <input type="checkbox"/> No <input type="checkbox"/> Has a building permit been applied for or issued? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Is structure fifty years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/> | Is structure on a historical register? Yes <input type="checkbox"/> No <input type="checkbox"/> | Is structure in a historical district? Yes <input type="checkbox"/> No <input type="checkbox"/> | Is structure in Central Business District? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Cash Check No. : _____ | |
| | | Plan Check/Permit Fee: \$ _____ | |
| | | Receipt No: _____ | |
| By signing below, I certify that the information provided with this application herein is true and accurate. I further certify that any and all work performed shall be done in accordance with the ordinances and laws of the City of Wenatchee. | | | |
| _____ Applicant Signature | | _____ Authorized Agent Signature | |
| _____ Print Name | | _____ Print Name | |

PERMIT APPLICATIONS ARE ACCEPTED MONDAY - FRIDAY FROM 8:00 AM TO 4:30 PM. FEES ARE COLLECTED AT THE TIME OF PERMIT SUBMITTAL