



**CITY OF LACEY**  
Community Development Department  
420 College Street SE  
Lacey, WA 98503  
(360) 491-5642

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## FIRE SUPPRESSION SYSTEM APPLICATION

NOTE: PLEASE INCLUDE (4) SETS OF COMPLETE AND SCALED PLANS WITH YOUR FIRE SUPPRESSION SYSTEM APPLICATION.

Project Address \_\_\_\_\_ Parcel Number \_\_\_\_\_

Project Value \_\_\_\_\_ Building Area (Sq. Ft.) \_\_\_\_\_

Will you be using employees on this project subject to State Industrial Insurance requirements? ( ) Yes ( ) No

**Owner** \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Contact Person** \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Contractor** \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Contractor's License Number \_\_\_\_\_ Expiration \_\_\_\_\_ City Bus. Reg. \_\_\_\_\_

I hereby certify that the above information is correct and that the construction on, and the occupancy and the use of the above-described property will be in accordance with the laws, rules and regulations of the State of Washington.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Applicant's Name