



Fire Alarm and Detection Permit Application
Pacific County Department of Community Development

Email: dcd@co.pacific.wa.us Website: www.co.pacific.wa.us

Permit Fee: \$255.00

OFFICE USE ONLY

Permit No.: _____
Route Date: _____
Approved By: _____
Approved Date: _____
Issued Date: _____

Manufactured Instructions

☐ Check box to indicate you have included Manufacturers Instructions with this application

Brand :

Model No.:

Type of Occupancy: Circle Type Below

A B E F H I M R S U

Transmitter Type:

☐ Digital Alarm Communicator with Cellular Backup

☐ Dual Line Digital Alarm Communicator

☐ Cellular

☐ Other: _____

Project Type:

☐ New Alarm

☐ Existing Alarm

PROPERTY INFORMATION

☐ Contact Person

Tax Parcel ID #:

Site Address:

Property Owner:

Business Name:

Address:

City/State/Zip:

Phone:

Email:

APPLICANT INFORMATION

☐ Contact Person

Applicant:

Address:

City/State/Zip:

Phone:

Email:

INSTALLER INFORMATION

☐ Contact Person

Contractor/Installer:

Address:

City/State/Zip:

Phone:

Email:

State License #:

NICWET II #:

ALARM DESIGNER

Designer:

Phone:

Email:

State License #:

NICWET III #:

Description of Work:

I hereby certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:

- 1. I have read and examined this Permit Application.*
- 2. The information provided in this application contains no misstatement of fact.*
- 3. I am the owner(s), or the authorized agent(s) of the owner(s) of the property which is the subject of this development application.*
- 4. I am currently a licensed general contractor or specialty contractor under Chapter 18.27 RCW.*

Authorized Signature:

Print Name:

Date:

SOUTH BEND OFFICE

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LONG BEACH OFFICE

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