

FIRE PROTECTION SYSTEMS



PO Box 1995 * Vancouver, WA 98668-1995 * www.cityofvancouver.us * Phone: (360) 487-7802 Fax: (360) 487-7808

All applications shall be accompanied by three (3) plans drawn to scale and produced in such a way as to clearly indicate compliance with all applicable requirements. Plans must be a blue-line print or drawn in black ink. Plans are to be drawn to scale as appropriate.

Applicant: _____

Mailing Address: _____

Phone: _____ ext. _____ Fax: _____

Property Owner: _____

Mailing Address: _____

Phone: _____ ext. _____ Fax: _____

Contractor: _____ **COV Endorsement #:** _____

Mailing Address: _____

Phone: _____ ext. _____ Fax: _____

Contact Name: _____ **Company:** _____

Contact E-mail Address: _____

Designer: _____ **COV Endorsement #:** _____

Property Address: *(tax assessor serial number or nearest intersection if no address)*

Fire Sprinkler System Fire Alarm System Commercial Cooking Hood Underground

Other Please explain: _____

Number of heads/devices: _____

Estimated job valuation (materials and labor): \$ _____

Complete description of all work to be performed: _____

*If it is determined that the application is not complete, the City shall immediately reject and return the application and identify in writing what is needed to make the application counter complete.
I/we agree that City of Vancouver staff may enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices.*

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____