



City of Ferndale
 Building Division
 2095 Main Street / P.O. Box 936
 Ferndale, WA 98248
 (360) 685-2369 phone
 (360) 384-5189 fax
WWW.CITYOFFERDALE.ORG

OFFICE USE ONLY	
PERMIT NUMBER:	RECEIVED BY/DATE:
ASSOCIATED PERMIT #'S	

APPOINTMENT REQUIRED TO SUBMIT
ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED

FIRE MARSHAL PERMIT APPLICATION **REV#2017**

CONTACT INFORMATION

PROPERTY OWNER **APPLICANT**

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____
 Cell: () _____ E-mail: _____

CONTRACTOR **APPLICANT**

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____
 Cell: () _____ E-mail: _____

L & I License #: _____ Exp.: ____/____/____
COPY OF LICENSE MUST BE ATTACHED TO THIS APPLICATION

REQUIRED - City of Ferndale Business License # : _____

TENANT REQUIRED if Tenant is occupying Space **APPLICANT**

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone:() _____ Fax:() _____
 Cell: () _____ E-mail: _____

REQUIRED - City of Ferndale Business License #: _____

OTHER CONTACT: _____ **APPLICANT**

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____
 Cell: () _____ E-mail: _____

PROPERTY INFORMATION (REQUIRED)

PROJECT ADDRESS: _____

APPROVED BY PLANNER _____ staff initials

GEO ID/PARCEL NUMBER: _____

LEGAL DESCRIPTION: _____

ZONING: _____

PROJECT INFORMATION

CLASS OF WORK (CHECK ALL THAT APPLY):

- NEW SYSTEM MODIFY SYSTEM ALARM
- SPRINKLER SPRINKLER HEADS
- OTHER: _____

If modifying: How many sprinkler heads and/or devices: _____

PROJECT DESCRIPTION: (Mark appropriate box and briefly describe scope of work)

- NEW COMMERCIAL NEW MULTI-FAMILY
- TENANT IMPROVEMENT RESIDENTIAL

Describe scope of work: _____

BUILDING INFORMATION (REQUIRED, if work is in bldg.)

STORIES: _____ MAIN FL SQ FT: _____
 # UNITS: _____ TOTAL FL SQ FT: _____

CERTIFICATION

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION AND EXHIBITS SUBMITTED HERewith ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND, FURTHER, THAT I AM AUTHORIZED BY THE OWNER (SEE OWNER CONSENT FORM) OF THE ABOVE PREMISES TO PERFORM WORK FOR WHICH PERMIT APPLICATION IS MADE.

 APPLICANT SIGNATURE DATE

OFFICE USE ONLY

FIRE MARSHAL DEPARTMENT ROUTING/REVIEW SHEET

DEPARTMENT	COMMENTS	STAFF INITIALS/ DATE
BUILDING DATA	Type of Occupancy: _____ Type of Construction: _____ Number of Stories: _____ Number of Dwelling Units: _____ Total Square Footage: _____	_____

WORKSHEET

FEE WORKSHEET	AMOUNT
Inspectors Fee: \$100.00 per hr. (1/2 hr minimum)	
Ferndale Plan Review: Based on Ferndale Unified Fee Schedule	
Archive Fee:	\$10.00
TOTAL FEE:	\$

PERMIT SPECIALIST	_____ SIGNATURE	_____ DATE
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GENERAL SUBMITTAL REQUIREMENTS

1. **Appointment required to submit application.**
2. Application needs to be completed in its entirety, including Owner Consent Form, to ensure issuance in a timely manner.
3. Copy of L & I Contractor's License must be attached to application.
4. Contractor is required to have an active City of Ferndale Business License (Number needs to be indicated on application where applicable).
5. **New Construction and Tenant Improvement Submittals:**
 - a) Two site plans (Required if proposed work is to be located outside of building).
 - b) Construction documents and supporting data shall be submitted in two sets with each application for a permit and in such form and detail as required by the International Fire Code, and NFPA 13 and NFPA 72.
 - c) NFPA 13 Sprinkler Systems: plans shall be submitted in accordance with NFPA 13, Chapter 22 to include, but not be limited to: plan view of all floors, location of all devices, sectional views, details, hydraulic calculations, pipe diameters, sway bracing, make, type, model, and size of devices, design area, system demand, and water supply location, among others.
 - d) NFPA 72 Alarm Devices: plans shall be submitted in accordance with NFPA 72 and IFC 907.1.2, to include, but not be limited to: plan view of all floors, sectional views, details, locations of all alarm devices, notification appliances, location of fire alarm control unit, annunciators, power connection, battery calculations, conductor types and sizes, voltage drop calculations, manufacturers data sheets, classification of the supervising station, among others.
 - e) Commercial cooking systems: The automatic fire extinguishing system used for commercial cooking systems shall be of a type recognized for protection of commercial cooking equipment and systems. Construction plans shall comply with the requirements of NFPA 12, 13, 16, 17, and 17A respectively. Supporting documentation shall be submitted to show that proposed systems will comply with code.



OWNER CONSENT FORM

THE CITY WILL NOT ACCEPT AN APPLICATION THAT IS NOT ACCOMPANIED BY THIS FORM

THE LEGAL PROPERTY OWNER MUST COMPLETE THIS FORM.

NOTE: TENANTS ARE NOT USUALLY OWNER OF PROPERTY

STATEMENT OF OWNERSHIP (PROOF OF OWNERSHIP MUST BE ATTACHED)

I/we, the undersigned property owners, under penalty of perjury, state that I/we am/are the legal owner(s) of the property described as follows:

Legal Description:[attach additional sheet(s) as necessary] **(LEGAL DESCRIPTION CAN BE FOUND AT THE WHATCOM COUNTY ASSESSORS OFFICE)**

Property Address: _____

Tax Assessor Parcel #: _____

DESIGNATION OF AGENT/CONTRACTOR/TENANT/LESEE

I/we hereby designate the following party to act as my/our agent with respect to this application submitted to the City of Ferndale.

Name of designated individual: _____

Role of Individual: *Perform Construction Submit Permit (Mark all that apply)

*If not a registered contractor, you must be able to meet exemptions per RCW 18.27.090

LEGAL OWNER MUST READ AND SIGN

I UNDERSTAND THAT I AM CONSENTING TO ALLOW THE INDIVIDUAL DESIGNATED ABOVE TO APPLY FOR THIS PERMIT AND/OR PERFORM THE CONSTRUCTION WORK (IDENTIFIED BY THIS APPLICATION ONLY) ON THE SUBJECT PROPERTY. IN ADDITION, MY SIGNATURE BELOW ALLOWS CITY STAFF INVOLVED IN THIS APPLICATION TO ENTER ONTO AND INSPECT THE SUBJECT PROPERTY FOR THE SOLE PURPOSE OF MAKING ANY EXAMINATION OF THE PROPERTY, WHICH IS DEEMED NECESSARY BY STAFF TO PROCESS THIS APPLICATION AND PERFORM INSPECTIONS.

OWNER INFORMATION/SIGNATURE

Owner Name (print): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____

Does Owner intend to maintain "Ownership" for twelve months from date of "Final Occupancy":
YES *NO

*If you mark "No", you may be required to register as a General Contractor with the Washington State Department of Labor and Industries prior to submitting your building permit, per RCW 18.27.090(12).

I HAVE READ AND UNDERSTAND RCW 18.27.090 (EXEMPTIONS) AS IT APPLIES TO THIS PERMIT

OWNER SIGNATURE

DATE

PROOF OF OWNERSHIP MUST BE SUBMITTED WITH APPLICATION