

PLANS EXAM - PERMIT APPLICATION

City of Lynden — Fire Department, Code Enforcement Division
Phone 360-354-4400 or 360-354-4800 Fax 360-354-1452

EXAM/PERMIT # _____

P E R M I T I N F O R M A T I O N	Project Address: _____ Parcel Number _____
	Legal Description of Property: _____
	Business _____ Mailing Address _____ Phone _____
	Owner _____ Mailing Address _____ Phone _____
	General Contractor _____ Mailing Address _____ Phone _____
	General Contractor License # _____ Expiration Date _____ City Business License # _____
	Proposed use of building — describe work: _____ _____ _____
	Square footage: _____ (1 st floor _____ 2 nd floor _____) Garage _____ Porch/Patio/Deck ____/____/____
	Square footage: Bonus room _____ Basement _____ Number of bedrooms _____ Number of bathroom/s _____
	Class of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Building relocation & site address _____
Owner's estimated construction cost _____ Permit construction value (for office use only): \$ _____	

Systems		
#	Type of	
	Dry Auto Sprink	
	Wet Auto Sprink	
	LASS	
	Preaction Sprink System	
	Deluge	
	Combination	
	Antifreeze system	
	Standpipe Class I (2.5 x 1, 2.5 x 2)	
	Standpipe Class II (1.5 x 1, 1.5 x 2)	
	Standpipe Class III (1.5 and 2.5 combo)	
	Standpipe auto dry	
	Standpipe auto wet	
	Standpipe Manual dry	
	Standpipe Manual Wet	
	Standpipe Semiautomatic dry	
	SUB TOTAL	\$
	PERMIT	\$
	TOTAL FEE	\$

Systems Ground Devices		
#	Type of Equipment	
	Vault	
	Primary Isolator	
	Secondary Isolator	
	Double Check Valve Assembly	
	Single Check Valve Assembly	
	Flam I or II Tank (1,100 gallon up)	
	Fuel oil tank residential (removal/abandon)	
	Flam I or II Tank (1,100 gallon or less)	
	OTHER:	
	SUB TOTAL	\$
	PERMIT	\$
	TOTAL FEE	\$

Explosives and/or Hazardous Materials (Fees place in other)		
Fireworks Display []	Haz-Mat close []	Haz-Mat store []
Fireworks sales []	Haz-Mat Out-of-/svc []	Haz-Mat transpor []
Fireworks Eng Stby []		Haz-Mat handle []
Haz-Mat modify []		Haz-Mat repair []

PERMIT FEES (For Office Use Only)	FEE
Building fire flow	
Auto Sprinkler plans exam + install	
Fire Suppression hood system plans exam + install	
Fire Alarm/detection system plans exam + install	
TOTAL	
Estimated Plan Check Fee (Non Refundable)	
Receipt # _____ Date Paid: _____	
BALANCE DUE	
Receipt # _____ Date Paid: _____	

Application expires if not issued within 180 days from date of application.
An unexpired permit may be extended once, not exceeding 180 days, if requested in writing. When an explanation is required contact Fire Chief.

APPLICANT SIGNATURE: _____ DATE: _____