



King County
Department of Permitting
and Environmental Review
35030 SE Douglas Street, Suite 210
Snoqualmie, WA 98065-9266
206-296-6600 TTY Relay: 711
www.kingcounty.gov

King County Fire Marshal
Fire District Receipt

For alternate formats, call 206-296-6600

Fire District #: _____

Name of Project / Proposal: _____

Location of Project/Proposal: _____

(Address, parcel number, tax account number, legal description)* _____

*One of these required for processing of application

Name of Applicant _____

Address of Applicant _____

Telephone Number _____

Description: Type of Project / Proposal

Check appropriate box(es)

- | | | |
|---|---|---|
| <input type="checkbox"/> Apartment / Multifamily | <input type="checkbox"/> Duplex | <input type="checkbox"/> Conditional Use |
| <input type="checkbox"/> Commercial / Industrial | <input type="checkbox"/> Subdivision | <input type="checkbox"/> Unconditional Use |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Short subdivision / Short Plat | <input type="checkbox"/> Planned Unit Development |
| <input type="checkbox"/> Residential: Single Family Residence | <input type="checkbox"/> Rezone | <input type="checkbox"/> School / Classroom |
| <input type="checkbox"/> Other (describe) _____ | | |

Storz couplings required on Fire Hydrants

Issuance of this receipt does not imply an approval, disapproval or review of referenced project / proposal. This receipt shall be valid for 30 days from date of signature.

Agency Name

Printed Name

Title

Signature

Date

Distribution copies to:
Applicant
Department of Permitting
Fire District

Fire District:
King County
Department of Permitting
35030 SE Douglas Street, Suite 210
Snoqualmie, WA 98065-9266

Note to Applicant: A copy must be presented with project / proposal submittal at the time of application to the Department of Permitting.