



6100 219th Street SW, Suite 200
 Mountlake Terrace, WA 98043
 Phone 425.744.6267
PermitSpecialist@ci.mlt.wa.uw
www.cityofmlt.com

FIRE FLOW REQUEST

| FOR STAFF USE ONLY | | |
|--|----------------|-----------------|
| Permit # _____ | Fee \$ _____ | Receipt # _____ |
| Application Fee \$ _____ | Total \$ _____ | |
| RECEIVED BY: _____ (Initials) DATE: ____/____/____ | | |

Check one: Single-Family Residential Multi-Family Commercial Other

Site Address: _____

Brief legal description or tax parcel number: _____

Filing Requirements and Submittal Checklist

- [Permit Contact Information Form](#) completed and signed.
- Proof of Ownership (title report, tax statement, etc.).
- Copy of a map showing the subject parcel and roads. Show location(s) of any proposed fire hydrants required by the Fire Marshall.
- Has a [Water and Sewer Availability Request](#) been submitted?
- Has a Fire Flow Request for this property been submitted before?
- Fire Marshal Requirement:
 - Copy of Fire Marshall's comments
 - Snohomish County Certificate of Water Availability Form
 - Required flow demand to be met _____ gpm*
- Sizing of sprinkler system for development
 - Flow demand required for sprinkler system _____ gpm*
 - Will you need static and residual pressure? _____
- Other (specify) _____
- Flow demand for your project _____ gpm*

*If no flow is specified, then a flow of 1,500 gpm will be used

I certify the information provided on this application is true and correct.

Owner / Agent _____ Date _____
Print

Owner / Agent _____
Signature



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PERMIT CONTACT INFORMATION

| |
|---|
| FOR STAFF USE ONLY |
| Permit(s) Number(s): _____ |
| PROCESSED BY: _____ (Initials) DATE: ____/____/____ |

Project Name/Name of Business (If Applicable) _____

Subject Property Address _____ Suite No. _____

Parcel Number(s) _____

| | | | | |
|------------------------|--------------|-------|-----|--|
| Applicant _____ | | | | |
| Mailing Address _____ | | | | |
| Street Address | City | State | Zip | |
| Phone _____ | E-Mail _____ | | | |

| | | | | |
|-----------------------------|--------------|-------|-----|--|
| Property Owner _____ | | | | |
| Mailing Address _____ | | | | |
| Street Address | City | State | Zip | |
| Phone _____ | E-Mail _____ | | | |

| | | | | |
|-------------------------|---------------|-------------------------------|---------------|--|
| Contractor _____ | | | | |
| <i>If Applicable</i> | | | | |
| Mailing Address _____ | | | | |
| Street Address | City | State | Zip | |
| Phone _____ | E-Mail: _____ | | | |
| State License # _____ | Expires _____ | City Business License # _____ | Expires _____ | |

| | | | | |
|---|---------------|-------|-----|--|
| Contact Person: _____ | | | | |
| <i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i> | | | | |
| Mailing Address: _____ | | | | |
| Street Address | City | State | Zip | |
| Phone _____ | E-Mail: _____ | | | |

| | | | | |
|-----------------------------------|---------------|-------|-----|--|
| Design Professional: _____ | | | | |
| Mailing Address: _____ | | | | |
| Street Address | City | State | Zip | |
| Phone _____ | E-Mail: _____ | | | |

Signed: _____ **Print Name:** _____ **Date:** _____