



City of Monroe – Temporary Fire Works Storage Submittal Requirements

The following requirements have been established for the submittal of plans and specifications for all temporary fireworks storage within this jurisdiction. Submittals not conforming to these minimum requirements will be returned as incomplete.

Temporary firework storage is allowed June 13th through July 31st and from December 12th through January 10th of the following year only. In addition, all temporary fireworks storage must comply with the provisions of 70.77, RCW and 212.17, WAC.

Submittal Requirements

1. Complete City of Monroe permit application.
2. Three copies of a scaled site plan of a minimum 8 ½" x 11" size showing:
 - a. Building layout with exits and storage arrangement, including flue spaces
 - b. Distances to other occupancies and/or adjoining businesses
 - c. Locations of portable fire extinguishers
 - d. Locations of building openings, including exits
 - e. Anticipated quantity of fireworks
 - f. Emergency contact information
 - g. Security provisions
3. State Fireworks Wholesaler License.
4. Certificate of Insurance (RCW 70.77.381) certificate holder indicated as "City of Monroe, 806 W. Main Street, Monroe WA 98272" with additional insured indicated as "City of Monroe, its officers, elected officials, agents and employees" and "Snohomish County Fire Protection District # 3, its officers, elected officials, agents and employees."



FOR OFFICE USE ONLY	
Permit #(s)	_____
Date:	_____

MONROE FIRE DEPARTMENT
 163 Village Court • Monroe, WA 98272
 Phone: (360) 794-7666 • Fax: (360) 794-0959

COMMUNITY DEVELOPMENT / ENGINEERING
 806 West Main Street • Monroe, WA 98272
 Phone: (360) 794-7400 • Fax: (360) 794-4007

CITY OF MONROE – Combined Permit Application

Permit Submittal Hours Monday through Friday:

Building, Fire & Land Use permits: 9:00 am – 12:00 pm & 2:00 pm – 4:00 pm
 Engineering permits: 8:00 am – 5:00 pm

- | Building | Engineering | Fire | Land Use |
|--|--|---|---|
| <input type="checkbox"/> Building (new construction) | <input type="checkbox"/> Engineering Review | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Accessory Dwelling Unit |
| <input type="checkbox"/> Commercial T/I | <input type="checkbox"/> Fencing | <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Boundary Line Adjustment/Lot Consolidation |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Grading | <input type="checkbox"/> High Piled Storage | <input type="checkbox"/> Conditional Use |
| <input type="checkbox"/> Garage/Carport | <input type="checkbox"/> Retaining wall | <input type="checkbox"/> Hood Suppression | <input type="checkbox"/> Rezone |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Rockery | <input type="checkbox"/> Spray Booth | <input type="checkbox"/> Shoreline Substantial Develop. |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Right of Way Disturbance | <input type="checkbox"/> Tents & Canopies | <input type="checkbox"/> Short Plat |
| <input type="checkbox"/> Residential Remodel | <input type="checkbox"/> Special Flood Hazard Area | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Utility Service | | <input type="checkbox"/> Planned Residential Develop. |
| <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Variance |
| | | | <input type="checkbox"/> Other _____ |

****Please note that all required Electrical Permits will be issued by the Dept. of Labor & Industries.***

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS

Site Address or Property Location: _____

Size of site (acre/square feet): _____

Assessor's Tax Parcel Number (14 digits): _____

Applicant: _____ Phone # (____) _____

*Signature: _____ Printed Name: _____

Mailing Address: _____ Fax # (____) _____

City _____ State _____ Zip _____ E-mail _____

Property Owner: _____ Phone # (____) _____

**Signature: _____ Printed Name: _____

Mailing Address: _____ Fax # (____) _____

City _____ State _____ Zip _____ E-mail _____

ATTACH A SEPARATE SHEET FOR ADDITIONAL PROPERTY OWNERS/ADDITIONAL ADDRESSES

***Applicant:** By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.

****Property Owner(s):** By your signature above, you hereby certify that you have authorized the above Applicant to make application on your behalf for this application



Combined Permit Application – Page 2

Contractor: _____ Phone # _____

Fax #: _____

Contractors License # _____ Exp Date _____

Mailing Address _____

Contractor's Bond Company: _____

Contractor's Bid Amount or Project Cost (labor and materials): \$ _____

Detailed description of proposal/work:

Lending Institution for project (if applicable): _____

FOR OFFICE USE ONLY

Permit Fee: \$ _____

Other Fees: \$ _____