



KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 NORTH RUBY STREET SUITE #2 ■ ELLENSBURG, WA 98926
PHONE (509) 962-7506 ■ FAX (509) 962-7682

B-009
BULLETIN

INTENDED USE OF BUILDING FOR COMMERCIAL AND MULTI-FAMILY OCCUPANCY

FOR MORE INFORMATION VISIT THE CDS WEBSITE AT: WWW.CO.KITTITAS.WA.US/CDS

Owner of Record _____ Project name/ Tenant _____
Site Address _____
IBC Construction Type _____ IBC Occupancy Type _____
Description of Use _____
Building Square/ ft. _____ Area of Construction _____

Will there be any installation, modification or removal of the following? (Check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Automatic fire extinguisher systems. | <input type="checkbox"/> High piled/ rack storage. |
| <input type="checkbox"/> Compressed gas systems. | <input type="checkbox"/> Hazardous materials. |
| <input type="checkbox"/> Fire alarm and fire detection systems. | <input type="checkbox"/> Industrial ovens/ furnaces. |
| <input type="checkbox"/> Fire pumps. | <input type="checkbox"/> Spraying or dipping operations. |
| <input type="checkbox"/> Fire flow storage tanks. | <input type="checkbox"/> Standpipe systems. |
| <input type="checkbox"/> Fire hydrants. | <input type="checkbox"/> Temporary membrane structures, tents (> 200 sq./ft.) or canopies (> 400 sq./ft.). |
| <input type="checkbox"/> Flammable and combustible liquids . | |

Provide details on any of the above checked items:

Installation, changes, modifications or removal of any of the above may require additional submittals, information, or permits during the plan review or construction process.

Printed Name of Owner/ Agent _____
Signature of Owner/ Agent _____
Date _____