

WALLA WALLA COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

310 W Poplar St., Suite 200

Walla Walla, WA 99362

509-524-2610

Submit all documents to: permits@co.walla-walla.wa.us

You will receive an auto-generated email once your application has been entered in our electronic system (TRAKIT) for processing and screening. If you do not receive an email within five business days, please call the number listed above to let us know.

International Fire Code Operational Permit Application

[For Permits Required under IFC Section 105.6]

To ensure ample review time, please submit this application as close to 60 days prior to the date the permit is needed.

12-digit Parcel # _____

Site Address _____

Applicant (required) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ E-mail address: _____

Property Owner (required) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ E-mail address: _____

Contractor (if applicable) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ E-mail address: _____

Contractor's Registration # _____

Describe of Activity applying for: _____

Additional Minimum Documents Required: Because IFC Operation Permit Requirements vary based on the type of activity applied for, please visit with the County Fire Marshal (509-524-2617) prior to submitting this application.

- Site Plan
- Floor Plan (if indoor operation)

Additional submittal requirements may be required by the Fire Marshal.

If a bonfire is applied for: Two fire watch personnel over 18 years of age shall be on duty during bonfire hours. Duties include igniting the bonfire, maintaining a 50 ft diameter safety buffer, fueling the bonfire, monitoring and extinguishing the bonfire.

Names of applicant's fire watch personnel:

1. Printed Name _____ Phone _____

2. Printed Name _____ Phone _____

Date & Time of activity:

Start: __/__/__ : __ am / pm **End:** __/__/__ : __ am / pm
(circle one) (circle one)

Check all that apply:

Bonfire **Food vendors**** **Alcohol Sales****** **Portable Toilets**

Security provided by: _____

Applicant Signature _____ Date _____

Property Owner Signature _____ Date _____

** Contact the County Health Department at 524-2662 for their permit requirements.

**** Liquor License application information can be found through the Washington State Liquor Control Board by calling (360) 664-1600, or by visiting their website at: <https://lcb.wa.gov/>