



RETAIL FIREWORKS STAND PERMIT

806 WEST MAIN STREET • MONROE, WA 98272
City Hall 360.794.7400 • Fax 360.794.4007



SUBMITTAL REQUIREMENTS PER RCW 70.77

All retail fireworks stand must comply with the provisions of RCW 70.77 & WAC 212.17.

RETAIL FIREWORKS STAND PERMIT APPLICATIONS WILL BE ACCEPTED UNTIL MAY 1ST FOR THE JULY 4TH HOLIDAY AND UNTIL NOVEMBER 1ST FOR THE NEW YEAR'S HOLIDAY. LATE APPLICATIONS WILL BE RETURNED WITHOUT CONSIDERATION.

GENERAL PROJECT SUBMITTAL CHECKLIST

- (1) Original Combined Permit Application form
- (2) Copies of the Washington State Fireworks Stand Permit
- (2) Copies of Certificate of Insurance with the certificate holder indicated as:
"City of Monroe, 806 W Main St., Monroe WA. 98272" - With additional insured indicated as "City of Monroe, its officers, elected officials, agents and employees" and "Snohomish County Fire Protection District #7, its officers, elected officials, agents and employees."

SITE PLAN REQUIREMENTS - SCALED AT A MINIMUM 8 ½ " X 11" SHOWING:

- Stand or tent location
- Type of structure used, including all sizes and dimensions
- Distance to buildings, combustibles, property lines, parking, public roads and private ways, as described in WAC 212-17.
- Specific information relating to the site, including slope, ground cover, and use of adjacent properties (vacant lot, commercial, pasture, etc.)
- Required signage and locations: This must be in compliance with WAC 212-17 and must show specific signage location on the site plan.

BUSINESS LICENSE REQUIRED:

Per Monroe Municipal Code Chapter 5.02 - Any new nonexempt business shall make application for a business license prior to commencing business in the city. Application for license shall be accomplished by filing a master application through the State Department of Licensing's Master License Service. Persons applying for a license must pay a fee as established by the city council by periodic resolution and the Master License Service's handling fee.



**Community Development
Permitting Division**

806 West Main Street, Monroe, WA 98272
Phone (360) 794-7400 Fax (360) 794-4007
www.monroewa.gov

FOR OFFICE USE ONLY
APPLICATION # _____
PERMIT # _____

COMBINED PERMIT APPLICATION

PERMIT SUBMITTAL HOURS MONDAY – FRIDAY 8:00 – 12:00 / 1:00 – 5:00
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- | <u>Building</u> | <u>Operations</u> | <u>Fire</u> | <u>Land Use</u> |
|---|--|--|--|
| <input type="checkbox"/> Commercial T/I | <input type="checkbox"/> Engineering Review | <input type="checkbox"/> Fire Construction | <input type="checkbox"/> Accessory Dwelling Unit |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Fencing | <input type="checkbox"/> Type: _____ | <input type="checkbox"/> Boundary Line Adjustment /Lot Consolidation |
| <input type="checkbox"/> Garage/Carport | <input type="checkbox"/> Grading | <input type="checkbox"/> Fire Operational | <input type="checkbox"/> Conditional/Special Use |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Retaining wall | <input type="checkbox"/> Type: _____ | <input type="checkbox"/> Land Clearing/Forest Practices |
| <input type="checkbox"/> New Construction
(Commercial/Residential) | <input type="checkbox"/> Rockery | <input type="checkbox"/> Type: _____ | <input type="checkbox"/> Planned Residential Development |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Right-of-Way Disturbance | <input type="checkbox"/> Type: _____ | <input type="checkbox"/> Shoreline Permit |
| <input type="checkbox"/> Racking | <input type="checkbox"/> Special Flood Hazard Area | <input type="checkbox"/> Type: _____ | <input type="checkbox"/> Short Plat |
| <input type="checkbox"/> Residential Remodel | <input type="checkbox"/> Utility Service | <input type="checkbox"/> Type: _____ | <input type="checkbox"/> Subdivision/Plat |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Type: _____ | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Other _____ |

NOTE: 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 # _____

Contractor's License # _____ Fax # _____

Exp Date _____ Mailing Address _____

Contractor's Bond Company: _____

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

DETAILED DESCRIPTION OF PROPOSAL/WORK:

FOR OFFICE USE ONLY

Plan Check Fee (if applicable): \$ _____

Permit Fee: \$ _____

Technology Fee: \$ _____