



Permit No: _____

CHELAN COUNTY
FIRE INSPECTIONS AND INVESTIGATION
400 DOUGLAS ST. SUITE 201, WENATCHEE, WA 98801
TELEPHONE: (509) 667-6464 FAX: (509) 667-6475

ANNUAL FIRE & LIFE SAFETY CERTIFICATE OF SELF INSPECTION APPLICATION

Parcel Number (APN): _____	Lot Size: _____ (Acres)
Parcel Address: _____	City/Zip: _____
Property Owner(s): _____	
Mailing Address: _____	
City/State/Zip: _____	Phone: _____
E-mail: _____	
<input type="checkbox"/> Business Contact Information Form required as attachment.	

Applicant: _____	Business Name: _____
Mailing Address: _____	
City/State/Zip: _____	Phone: _____
E-mail: _____	

Application for: <input type="checkbox"/> New Annual Fire & Life Safety Certificate of Self Inspection <input type="checkbox"/> Renewal	
Type of Business: _____	
Fee: \$25 for each business	NOTE: All permits expire January 31 of the following year.

I (We) certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true, correct and complete to the best of my (our) knowledge. I (We) further agree to comply with the International Fire, Code and all applicable Chelan County/City Codes. Applicant/Owner(s) assumes all risk and liability for any claims and liabilities.

Owner/Applicant Signature: _____ **Date:** _____

⓪ FOR OFFICIAL USE ONLY ⓪

Received By & Date: _____	Fire Approval & Date: _____	Final Fees Paid: _____
Initial Inspection Results: <input type="checkbox"/> OK <input type="checkbox"/> Referred to Fire Marshal for Enforcement Action		
Inspected By, Title & Date: _____		
Inspected By, Title & Date: _____		
Final Results: <input type="checkbox"/> OK Inspected By, Title & Date: _____		

**CHELAN COUNTY FIRE MARSHAL INSPECTION PROGRAM
FIRE AND LIFE SAFETY INSPECTION REPORT**

BUSINESS CONTACT INFORMATION

*Please complete and return this form with the most current contact information.
(Please make copies of this page for each business, as necessary)*

Business Name:	Business Address / Mailing Address:	Phone:
Business Manager:	Home Address:	Home Phone:
Business Owner:	Home Address:	Home Phone:
Building Owner:	Home Address:	Home Phone:
Emergency Contact Name:	Position:	Phone:
Emergency Contact Name:	Position:	Phone:

Please print in blue or black ink.

Items to Consider in Your Personal Inspection:

NFPA 10: Fire Extinguishers are required to be serviced annually by a company licensed to do so.

IFC 603.4: Portable electric heaters shall be plugged directly into wall outlets and kept a minimum of 3' away from combustibles open flame unvented heaters are prohibited for use in a commercial occupancy).

ICC Electric Code: Circuit breakers shall be clear of any tape, string or wire that would affect their operation.

IFC 3404.3.4.4: Quantities of flammable and combustible liquids in excess of 10 gallons shall be stored in liquid storage cabinets.

Should you desire further information or assistance, please call your local Fire Department or call the Fire Marshal's Office at 509-667-6464

I, _____, understand the designated corrections.
Print Name

Signature: _____ **Date:** _____

Please Return Forms to: Chelan County Department of Fire Inspection and Investigation, 400 Douglas St Suite 201 Wenatchee, WA 98801

CHELAN COUNTY FIRE MARSHAL INSPECTION PROGRAM

FIRE AND LIFE SAFETY – SELF INSPECTION FORM

Name of Business: _____ Business Phone #: _____

Access & Premises	Yes	No	N/A
1. Are address numbers for the building clearly visible from the street?			
2. Is the exterior fire department access unobstructed?			
3. Is combustible vegetation removed so that it will not create a fire hazard?			
4. Is there maintained a minimum three foot (3') clearance around fire hydrants?			
Egress (Exiting)			
1. Are the exit ways and doors easily recognizable, unobstructed and maintained functional?			
2. If the main exit door is provided with key-locking hardware as allowed by code, is there a sign above the door that states "THIS DOOR MUST REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED" and are you able to open the other exit doors from the inside w/o the use of a key or any special knowledge or effort?			
3. Are the exits and exit enclosures free from the storage of combustible materials?			
4. Are doors with self-closing hinges maintained in the closed position (not blocked open)?			
Electrical			
1. Are all electrical outlets, switches, and junction boxes properly covered with cover plates and is the electrical system safe from any apparent shock and/or other electrical hazards?			
2. Are circuit breakers/fuses labeled so as to identify the area protected?			
3. Is the area maintained clear at least 30" in front of electrical panel(s)?			
4. Are cords used only for temporary use?			
5. Are extension cords of heavy duty construction, maintained in good condition, and only used as temporary wiring, or to service small portable appliances?			
6. Are extension cords grounded when serving grounded appliances?			
7. Are extension cords plugged directly into an approved receptacle, power tap or multi-plug adapter and, except for approved multi-plug extension cords serve only 1 portable appliance?			
8. Is the capacity of the extension cords greater than the rated capacity of the portable appliance supplied by the cords?			
9. If multiple items need to be plugged in, is a power tap utilized with a built-in circuit breaker and is the power tap plugged directly into a permanently installed receptacle?			
Emergency Lighting/Egress Illumination			
1. If emergency lighting is provided, is it maintained in operable condition?			
2. Is the means of egress illuminated when the building or structure is occupied?			
Exit Signs			
1. If exit signs are required, are they maintained illuminated or self-luminous?			
2. Does the backup-battery work? (Push the test button, the exit sign should illuminate under battery power).			
Fire Alarm System			
1. If the building is equipped with a fire alarm system, has the required annual service of the fire alarm system been performed by a qualified fire alarm company?			
Fire Safety & Evacuation Plans			
1. If fire drills are required, are they conducted successfully at varying times and under varying conditions and are records maintained on the premises?			
2. If required, are Evacuation Plans posted?			
3. If required do you have Fire Safety Plans?			
Fire Extinguishers			
1. Is there access to fire extinguisher(s) rated at a minimum 2A-10BC?			
2. Is the travel distance from all portions of the building less than 75 to a fire extinguisher?			
3. Are all fire extinguishers visible and accessible (not blocked)?			
4. Have the fire extinguisher(s) been serviced/tagged by a fire extinguisher company within the last 12 months?			
5. What is the date that your fire extinguishers were last serviced?	Date:	N/A	N/A
6. What is the name of the company that performed your fire extinguisher service?	Company Name:	N/A	N/A
7. Fire extinguisher(s) must be mounted properly; locations near exit doors where possible.			

CHELAN COUNTY FIRE MARSHAL INSPECTION PROGRAM

FIRE AND LIFE SAFETY – SELF INSPECTION FORM (CONTINUED)

Fire/Smoke Separations	Yes	No	N/A
1. Are the fire/smoke separations (smoke doors, fire doors, walls, etc.) maintained/working condition?			
Fire Suppression Systems			
1. Is the top of storage maintained a minimum 18" below head deflectors in fire sprinkler areas?			
2. If the building is equipped with a fire sprinkler system, has the required annual service of the fire sprinkler system been performed in the last year by a qualified sprinkler company?			
3. If yes, please indicate the date and company name that performed the service: Date:			
Company Name:			
4. In commercial cooking applications, has the hood suppression system been serviced in the last six months and is the hood cleaned at intervals to prevent the accumulation of grease?			
5. If yes, please indicate the date and company name that performed the service: Date:			
Company Name:			
Heat Producing Appliances			
1. If portable electric heaters are used, are they used safely? Also, are they plugged directly into wall outlets and kept a minimum of 3' away from combustibles? (Open flame unvented heaters are prohibited for use in a commercial occupancy).			
2. Is the clearance between ignition sources, such as light fixtures, heaters, and flame producing devices and combustible storage maintained in an approved manner?			
Housekeeping & Decorations			
1. Is combustible rubbish that is stored in containers outside of vaults or rooms removed from the building a minimum of once each working day?			
2. Are oily rags or similar materials stored in metal, metal-lined or other approved containers equipped with tight-fitting covers?			
3. Are combustible decorations flame retardant?			
Mechanical Hazards			
1. Is the venting for exhaust products of combustion intact for gas appliances (i.e.: water heaters, furnaces).			
2. Are safe clearances maintained between gas fired appliances (such as water heaters, furnaces, etc.) and combustible materials?			
Smoke Detectors			
1. If smoke detection is required in common areas such as corridors or part of the fire alarm system, have they been tested in the last year by a qualified service company?			
Storage of Combustibles			
1. Is the storage of combustible materials orderly?			
2. Are combustible materials not stored beneath the building or structure?			
3. Are the boiler rooms, mechanical rooms and electrical panel rooms maintained without the storage of any combustible materials within?			
4. Are rubbish containers over 5 1/3 cubic feet (40 gallons) provided with lids and made of noncombustible construction?			
5. Are dumpsters that are 1.5 cubic yards or more not stored inside the building and placed more than 5' from combustible walls, openings or combustible roof eave lines?			
Storage of Compressed Gas Cylinders			
1. If you have compressed gas containers (such as co2, helium, etc.), are they chained to prevent falling?			
Storage of Combustible and Flammable Liquids			
1. Are quantities in excess of 10 gallons of flammable and combustible liquids used for maintenance purposes and the operation of equipment stored in liquid storage cabinets?			

Print Owner/Applicant Name: _____

Signature: _____ **Date:** _____

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