



Development Services Department
55 E. Moore Street
Walla Walla, WA 99362
(509) 524-4710
permits@wallawalla.gov

Retro Fire Backflow Prevention Device Installation

Site Address: _____

County Assessor's parcel number: _____

Property Owner: _____

Mailing Address (if different): _____

City _____ State _____ Zip _____

Phone _____ E-mail address: _____

Sprinkler Contractor/Installer: _____

Phone _____ E-mail address: _____

Washington State Contractor's Registration # _____

Alarm Contractor/Installer: _____

Phone _____ E-mail address: _____

Washington State Contractor's Registration # _____

Project Name (if applicable): _____

Describe what you plan to do (example: New single family residence): _____

*A right-of-way permit will also be required if this work will require any work within the City of Walla Walla right-of-way.

Your value for this project: \$ _____ (Based on the total cost of install)

Signature _____ Date _____

Owner AND/OR Contractor Authorized Agent

I certify, by my signature, that the information submitted in this application packet is true and accurate.
Determination of information to be in error could result in revocation of permit.

Please call or email for fee amounts.