



**BELLINGHAM FIRE DEPARTMENT**  
Life Safety Division  
1800 Broadway  
Bellingham, WA 98225-3133  
Tel: (360) 778-8420 FAX: (360) 778-8401

## Legacy Certificate of Occupancy Application

**Property Address** \_\_\_\_\_  
**Parcel Number** \_\_\_\_\_

**Office Use Only**  
Date Received:  
\_\_\_\_\_

**Business Information**  
Company: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Description of Building Use** (i.e. building cabinets and painting them, filling propane cylinders)  
  
**Description of Building Construction** (i.e. all wood construction, brick with wooden floors, steel, etc.)

**Building Owner Information**  
Company: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Building Area (total)** \_\_\_\_\_  
**Tenant Area (if different)** \_\_\_\_\_  
**Number of Floors** \_\_\_\_\_  
**Floor Level of Occupancy** \_\_\_\_\_  
**Basement** Y N  
**Year of Building Construction** \_\_\_\_\_

**Contact Information**  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Installed Building Fire Protection Systems**

- None
- Fire Sprinklers
- Fire Alarm System

Please provide a **floor plan** of your building, clearly identifying your occupancy, including dimensions of each room, each floor of your occupancy, and all exits including door width and direction of swing. Please provide this sketch to scale, in black ink.

The Legacy Certificate of Occupancy is a **simple** process for existing businesses to ensure minimal compliance with fire and life safety regulations. This service is available to you **free** of charge.

Please direct questions and submit at: **Bellingham Fire Department**  
**1800 Broadway St**  
**360-778-8420 or fire@cob.org**