

## FIRE DEPARTMENT

## NOTIFICATIONS/CONTACT INFORMATION SECTION

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☐ CHANGES							
BUSINESS NAME	DCI - LEE'S SUM	1MIT					
ADDRESS	2001 NW SHA	AMROCK AVE	, LEES SI	JMMIT, MO	64081		
OWNER/OPERATOR NAME	AXIOM NOR	THWEST CON	NSTRUCT	ION INC:	TELEPHONE	Ξ (	(425) 903-4038
ADDRESS	2232 BROAD EVERETT, W Primary: (425 Cell: (206) 95	1					
		EMERGENCY	CONTAC	CT INFORM	ATION		
NAME				TEL	EPHONE		
1							
2.							
3.							
4.							
		LOSS	REDUCT	ION TYPE			
Occupancy Ser	ni-Annual	☐ Annual	☐ Life Sa	afety	Sprinkler		Hazardous Material Permit
☐ Complaint ☐ Exp	losive Storage	UST	☐ Post-I	ncident	Open Burning		Other
CLASS: B	Мар#: 194Н	PFA#:	KNOX BO	X:	KNOX LOCATION:		PERMIT#
		LOSS RE	DUCTION	I NARRATIV	/E		
☐ NO VIOLATIONS N	IOTED			ALL VIOL	ATIONS RESOLV	ED	
Last Inspection	1st Inspection	2nd Ir	nspection	3rc	Inspection		4th Inspection
INSPECTION		ECTOR		OUTCOME	DATE		
Sprinkler - Hydrostation Corrective Action Required		ael Weissenba	ach	Passed	Monday, I	Nov	ember 09, 2020
Sprinkler - Flow Test	Mich	ael Weissenba	ach	Passed	Thursday	, Fe	bruary 04, 2021

Alarm Test	Michael Weissenbach	Failed Thu	Thursday, February 04, 2021	
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE	
February 04, 2021	Michael Weissenbach	☐ Yes ☐ No		