**Washington State Patrol**
**Fire Protection Bureau**
Phone: (360) 596-3900

| | | | |
|---|---|---|---|
| ***Business Name*** | Summit Place Assisted Living | ***Provider Number*** | 001606 |
| ***Address*** | 2905 CONNELLY AVE , | ***Approval Status*** | Approved |
| ***City, State, Zip*** | Bellingham, WA 98225 | ***Facility Type*** | Residential Care |

On 08/17/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

**No violations were observed during this inspection.**

# Congratulations!

# No Violations!

**Thank you for your continued dedication to the safety and well-being of your residents, staff, and visitors.**

Owner or Owner's Representative

*Signature*

Elizabeth Martin Executive Director

*Print Name and Title*

Deputy State Fire Marshal Brandon G. Brown
MP 235 SB Interstate 5
Bow WA 98232
(360) 791-7037

*Signature*

**Right of appeal.** Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.



Initials of Authorized Facility Representative: _____

This document was prepared by Residential Care Services for the Locator website.