

Seattle Fire Department Permit Application
Code 7401 Compressed Gas (Inert and Simple Asphyxiates)



Permit Fee: \$361.00

TO BE COMPLETED BY PERMIT APPLICANT (PLEASE PRINT)

BUSINESS NAME:		
MAILING ADDRESS:		SUITE:
CITY:	STATE:	ZIP:
OPERATION ADDRESS:		
CONTACT PERSON:		
PHONE NUMBER: ()		E-MAIL ADDRESS:
Reason for submitting this application (check all that apply):		
<input type="checkbox"/> New Owner/Operator	<input type="checkbox"/> New Construction/Process/Installation	
<input type="checkbox"/> New Operation Address	<input type="checkbox"/> Directed to Apply by Fire Dept/Other Government Agency	
<input type="checkbox"/> Previous Permit Expired at this Operation Address	<input type="checkbox"/> Other Reason: _____	

Payment must accompany all applications. Please include a check made payable to the CITY OF SEATTLE.

Permit applications may be submitted in person weekdays from 8:00 a.m. to 4:30 p.m., or mailed to:

Seattle Fire Department
 Fire Marshal's Office – Permits
 220 Third Ave S, 2nd Floor
 Seattle, WA 98104-2608

To pay with a Visa or Master Card, email this completed application to us,
and then visit www.seattle.gov/fire/permits to make a payment.
 Tel: (206) 386-1450
 E-mail: permits@seattle.gov

TO BE COMPLETED BY FMO INSPECTOR:

Approved By:	SFD ID#:	Date:
Station No.		

FMO OFFICE USE ONLY:

Application ID#	Check No.:	Receipt No.:
<input type="checkbox"/> Cancel, refund requested (Approval attached)	<input type="checkbox"/> Cancel, no refund:	<input type="checkbox"/> Moved <input type="checkbox"/> Business closed <input type="checkbox"/> Change in ownership <input type="checkbox"/> Final inspection completed