

# Seattle Fire Department Permit Application

Code 7402 **Medical Gas**



**Permit Fee: \$361.00**

BUSINESS NAME:		
MAILING ADDRESS:		SUITE:
CITY:	STATE:	ZIP:
OPERATION ADDRESS:		
CONTACT PERSON:		
PHONE NUMBER: (      )		E-MAIL ADDRESS:
<b>Reason for submitting this application (check all that apply):</b>		
<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: _____	
<b>NOTE: Storage of 504 cubic feet or less does NOT require a permit at this time.</b>		
<b>Payment must accompany all applications. Please make check payable to CITY OF SEATTLE.</b>		

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](http://www.seattle.gov/fire/permits) to make a payment.**  
Tel: (206) 386-1450  
E-mail: [permits@seattle.gov](mailto: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