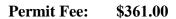
## **Seattle Fire Department Permit Application**

Code 7501 Non-Flammable Cryogens





I <u>O BE COMPLETED BY PERMIT APPLICAN</u>	YT (PLEASE PRINT)				
BUSINESS NAME:					
MAILING ADDRESS:				SUITE:	
CITY:		STATE:		ZIP:	
OPERATION ADDRESS:					
CONTACT PERSON:					
PHONE NUMBER: ( )		E-MAIL ADDRESS:			
Reason for submitting this applicat	ion (check all tha	at apply):			
<ul> <li>□ New Owner/Operator</li> <li>□ New Operation Address</li> <li>□ Previous Permit Expired at this Operation Address</li> </ul>		☐ Directed to A	<ul> <li>New Construction/Process/Installation</li> <li>□ Directed to Apply by Fire Dept/Other Government Agency</li> <li>□ Other Reason:</li> </ul>		
Payment must accompany all ap	plications. Pleas	se include a check	k 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, 2 <sup>nd</sup> Floor Seattle, WA 98104-2608  To pay with a Visa or Master Card, email this completed application to us, and then visit <a href="https://www.seattle.gov/fire/permits">www.seattle.gov/fire/permits</a> to make a payment. Tel: (206) 386-1450 E-mail: <a href="mailto:permits@seattle.gov">permits@seattle.gov</a>					
TO BE COMPLETED BY FMO INSPECTOR:					
Approved By:	S	SFD ID#:	Da	te:	
Station No.					
FMO OFFICE USE ONLY:					
Application ID#	Check No.:		Receipt No		
			110001pt 1 10	••	
			☐ Moved	☐ Change in ownership	