

Permit Fee: \$361.00

TO BE COMPLETED BY PERMIT APPLICA	NT (PLEASE PRINT	(1)		
BUSINESS NAME:				
MAILING ADDRESS:				SUITE:
CITY:		STATE:		ZIP:
OPERATION ADDRESS:				
CONTACT PERSON:				
PHONE NUMBER: ()		E-MAIL ADDRESS:		
Reason for submitting this applica	tion (check all th	nat apply):		
 □ New Owner/Operator □ New Operation Address □ Previous Permit Expired at this Operation Address 		 □ New Construction/Process/Installation □ Directed to Apply by Fire Dept/Other Government Agency □ Other Reason: 		
Payment must accompany all a	pplications. Plea	se include a chec	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 nd 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#:	Da	te:
Station No.				
FMO OFFICE USE ONLY:				
Application ID#	Check No.:		Receipt No).:
☐ Cancel, refund requested (Approval	attached)	Cancel, no refund:	☐ Moved ☐ Business closed	☐ Change in ownership☐ Final inspection completed
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