Code 8205	artment Permit App Clame Effects (Singl ALL FUEL TYPES)	olication e Event), Temporary			
	ice of 1,000 and abov	e with an SFD 7801.1 or 7802 Perm	\$500.00 \$1,500.00 it \$500.00	Code: 8205.1 Code: 8205.2 Code: 8205.3	
TO BE COMPLETED	D BY PERMIT APPLIC	ANT (PLEASE PRINT)			
FIRM NAME:					
MAILING ADDR	MAILING ADDRESS:			SUITE:	
CITY:		STATE:		ZIP:	
EVENT TITLE:					
EVENT ADDRES	SS:				
SET-UP DATE(S):	SET-UP TIME	SET-UP TIME(S):		
EVENT DATE(S)):	EVENT STAF	EVENT START TIME(S):		
CONTACT PERS	ON:	ON-SITE CON	ON-SITE CONTACT:		
PHONE NUMBE	R: ()	PHONE NUMBER: ()			
E-MAIL ADDRE	<u>SS:</u>	E-MAIL ADDRESS:			
TYPE OF PERMI	T: CANDLES 1	FIRE PERFORMANCE** OT	HER □		
Please include a check made payable to the CITY OF SEATTLE with this application.					
Risk Management I the website at http://Performance Event performance by em http://www.seattle.governet Permit applications Seattle Fire Dep Fire Marshal's 220 Third Ave Seattle, WA 98 PAYMENT MUST THE EVENT WILL APPLICATIONS R	must be submitted with //www.seattle.gov/fire/Notification Form mu ail to the Fire Marshal gov/fire/business-servimay be submitted in partment Office – Permits S, 2 nd Floor 3104-2608 ACCOMPANY ALL A BE ASSESSED A LA	Evidence of insurance coverage apply this application. More information business-services/special-events/firest be submitted with this application is Office. The form is available on ces/special-events/fire-performance person weekdays from 8:00 a.m. to 2. To pay with a Visa or Master Card THEN EMAIL US TO BE PROY Tel: (206) 386-1450 E-mail: permits@seattle.gov PPLICATIONS. PAYMENTS RECE TE FEE EQUAL TO 50% OF THE CASE FEWER BUSINESS DAYS PRIOR FOOT BE ISSUED.	about insurance core-performance. A con, and for each subserved website at 4:30 p.m., or mailed l, email this complete VIDED AN ONLINGUIDED LESS THAN DRIGINAL PERMIT	verage is available on ompleted Fire equent fire to: ted application to us, NE PAYMENT KEY 30 DAYS PRIOR TO T FEE.	
FMO OFFICE US					
Approved by:			Date:		
Permit cc:					
☐ Cancel, refund	requested (Approval attac	ched)	son:	Initials:	
Application ID#		Check No.:	Receipt No.:		