

**Seattle Fire Department Permit Application**  
**Code 3402 Above-ground Tank Serving a Generator**

**Level II**  
**--Revised 01/2013--**



**Permit Fee: \$208.00\***

TO BE COMPLETED BY TANK INSTALLER (PLEASE PRINT):

INSTALLER FIRM NAME:		
INSTALLER MAILING ADDRESS:		SUITE:
CITY:	STATE:	ZIP:
INSTALL CONTACT PERSON:		PHONE NUMBER: (     )
TANK SITE ADDRESS:		
ANNUAL PERMIT HOLDER FIRM NAME:		
ANNUAL PERMIT HOLDER MAILING ADDRESS:		SUITE:
CITY:	STATE:	ZIP:
ANNUAL PERMIT HOLDER CONTACT PERSON:		PHONE NUMBER: (     )
<b>Type of tank(s) being installed at this site (check all that apply):</b> <input type="checkbox"/> Indoor Tank(s): Number of tanks: _____ Individual tank capacity: _____ Tank Type <input type="checkbox"/> UL 142 <input type="checkbox"/> UL 2085		
<input type="checkbox"/> Outdoor Tank(s): Number of tanks: _____ Individual tank capacity: _____ Tank Type <input type="checkbox"/> UL 142 <input type="checkbox"/> UL 2085		
Description of Tank Location(s): _____		

**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 5:00 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: Fax or email this application  
**THEN CALL US TO CONFIRM RECEIPT AND MAKE PAYMENT**  
 Tel: (206) 386-1450 / Fax: (206) 386-1348  
 E-mail: [permits@seattle.gov](mailto:permits@seattle.gov)

**Call 206-386-1450, at least 24 hours prior to needed inspection time to arrange for an appointment.**

**\*NOTE:** The annual permit fee will be calculated based on the quantity of material handled or stored at the site. The minimum permit fee is **\$208.00**. After evaluation of inventory, if the permit fee is calculated to be greater than \$208.00, you will be invoiced for the balance due. If you have any questions regarding this application, please call the Permit Desk at 206-386-1450.

**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 with full refund	<input type="checkbox"/> Cancel, no refund	<input type="checkbox"/> Moved	<input type="checkbox"/> No Longer Needs	<input type="checkbox"/> Out of Business