



**APPLICATION FOR TEMPORARY PERMIT**

**Code 6301-T**

**Refrigeration System**

**Permit Fee: \$ 208.00**

\_\_\_\_\_ / \_\_\_\_\_  
**Date Issued**

**Permit Expiration Date**

TO BE COMPLETED BY PERMIT APPLICANT (PLEASE PRINT)

FIRM NAME		
MAILING ADDRESS		SUITE
CITY	STATE	ZIP
OPERATION ADDRESS		
CONTACT PERSON	PHONE NUMBER (    )	

**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.**

Permission is hereby granted to: \_\_\_\_\_

**Special permit conditions:** \_\_\_\_\_

<b>FMO USE:</b>	<b>APPROVED BY:</b>
Check No.: _____	Inspector: _____ SFD ID# _____
Receipt No.: _____	Date: _____
Application ID#: _____	