



APPLICATION FOR TEMPORARY PERMIT

Code: _____ **Title:** _____

Permit Fee: \$ _____ / _____
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 ()

Please include a check made payable to the CITY OF SEATTLE with this application.

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 Avenue South, Second Floor
 Seattle, WA 98104-2608

Permit processing: (206) 386-1450
www.seattle.gov/fire

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

Permission is hereby granted to: _____

Special permit conditions: _____

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