

**Seattle Fire Department Permit Application**  
**Code 1102**      **Open Flame, Assembly Occupancy (Single Event), Temporary**



**Permit Fee:      \$150.00\***

**Special Events**  
**-Revised 11/2009-**

TO BE COMPLETED BY PERMIT APPLICANT (PLEASE PRINT)

FIRM/APPLICANT NAME:		
MAILING ADDRESS:		SUITE:
CITY:	STATE:	ZIP:
EVENT TITLE:		
EVENT ADDRESS:		
SET-UP DATE(S):	SET-UP TIME(S):	
EVENT DATE(S):	EVENT START TIME(S):	
CONTACT PERSON:	PHONE NUMBER: (     )	
TYPE OF PERMIT: CANDLES <input type="checkbox"/> COOKING <input type="checkbox"/> DEMONSTRATION <input type="checkbox"/> FIRE ACT <input type="checkbox"/> OTHER <input type="checkbox"/> _____		

**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 Ave S, Second Floor  
 Seattle, WA 98104-2608

Tel: (206) 386-1450  
 Fax: (206) 386-1348  
 www.seattle.gov/fire

**APPLICATIONS RECEIVED LESS THAN 10 BUSINESS DAYS PRIOR TO THE EVENT WILL BE ASSESSED A LATE FEE OF AN ADDITIONAL 50% OF THE ORIGNINAL PERMIT FEE.**

**\*PERMITS REQUIRING INSPECTION OUTSIDE REGULAR BUSINESS HOURS WIL BE BILLED BY INVOICE. (REGULAR BUSINESS HOURS: MONDAY-FRIDAY 8:00 AM TO 4:30 PM)**

**TO BE COMPLETED BY FMO INSPECTOR:**

Permit Approved by Inspector : _____	Date: _____
<b>Permit cc:</b>	
Late fee waived: <input type="checkbox"/> Yes <input type="checkbox"/> No   Initials: _____ <input type="checkbox"/> Cancel with full refund <input type="checkbox"/> Cancel, no refund   Initials: _____	

**FMO OFFICE USE ONLY:**

Date Received:	Receipt No.:	Check No.:
Expiration Date:	Permit No.:	Application ID#
<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		