

**Seattle Fire Department Permit Application**  
**Code 2503/2505**                      **Assembly Occupancy, Temporary**

**Special Events**  
 -Revised 03/2011-



**Permit Fees - Check one**

- Event attendance 0 - 999                      \$173.00\*                      Code: 2503
- Event attendance 1,000 - 2,999                      \$343.00\*                      Code: 2505.1
- Event attendance 3,000 - 9,999                      \$685.00\*                      Code: 2505.2
- Event attendance 10,000 -19,999                      \$979.00\*                      Code: 2505.3
- Event attendance 20,000 and over                      \$1,957.00\*                      Code: 2505.4

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: (     )	

**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 South, Second Floor  
 Seattle, WA 98104-2608

To pay with a Visa or Master Card, fax or email 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)

**PAYMENT MUST ACCOMPANY ALL APPLICATIONS. PAYMENTS RECEIVED LESS THAN 10 BUSINESS DAYS PRIOR TO THE EVENT WILL BE ASSESSED A LATE FEE EQUAL TO 50% OF THE ORIGINAL PERMIT FEE.**

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

**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		