



APPLICATION FOR TEMPORARY PERMIT

Code 1070 **Temporary Permit, for a Facility under a Compliance Plan**

Permit Fee: \$ _____ / _____
Date Issued **Permit Expiration Date**

TO BE COMPLETED BY PERMIT APPLICANT (PLEASE PRINT)

BUSINESS 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 4:30 p.m., or mailed to:

Seattle Fire Department
Fire Marshal's Office – Permits
220 Third Ave S, 2nd Floor
Seattle, WA 98104-2608

To pay with a Visa or Master Card, email this application to us,
THEN EMAIL US TO BE PROVIDED AN ONLINE PAYMENT KEY
Tel: (206) 386-1450
E-mail: 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: _____

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