

**Seattle Fire Department Permit Application**  
**Code 2509/2510      Open Flame Devices and Candles**



- Place of Assembly - For Profit**      **Fee: \$217.00**      **Code: 2509**  
 **Place of Assembly - Non-Profit**      **No Fee**      **Code: 2510**

**DOES NOT INCLUDE PERSONS PERFORMING WITH FIRE. A SEPARATE TEMPORARY PERMIT IS REQUIRED.**

TO BE COMPLETED BY PERMIT APPLICANT (PLEASE PRINT)

BUSINESS NAME:		
MAILING ADDRESS:		SUITE:
CITY:	STATE:	ZIP:
OPERATION ADDRESS:		
CONTACT PERSON:		
PHONE NUMBER: (        )		E-MAIL ADDRESS:
<b>Reason for submitting this application (check all that apply):</b>		
<input type="checkbox"/> New Owner/Operator	<input type="checkbox"/> New Construction/Process/Installation	
<input type="checkbox"/> New Operation Address	<input type="checkbox"/> Directed to Apply by Fire Dept/Other Government Agency	
<input type="checkbox"/> Previous Permit Expired at this Operation Address	<input type="checkbox"/> Other Reason: _____	
<b>Payment must accompany all applications. Please include a check made payable to the CITY OF SEATTLE.</b>		

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, 2<sup>nd</sup> Floor  
 Seattle, WA 98104-2608

To pay with a Visa or Master Card, email this completed application to us, **THEN EMAIL US TO BE PROVIDED AN ONLINE PAYMENT KEY**  
 Tel: (206) 386-1450  
 E-mail: [permits@seattle.gov](mailto:permits@seattle.gov)

**TO BE COMPLETED BY FMO INSPECTOR:**

Approved By:	SFD ID#:	Date:
Station No.		

**FMO OFFICE USE ONLY:**

Application ID#	Check No.:	Receipt No.:
<input type="checkbox"/> Cancel, refund requested (Approval attached)	<input type="checkbox"/> Cancel, no refund:	<input type="checkbox"/> Moved <input type="checkbox"/> Change in ownership <input type="checkbox"/> Business closed <input type="checkbox"/> Final inspection completed