

Seattle Fire Department Permit Application

Code 7401 **Compressed Gas (Inert and Simple Asphyxiates)**



Permit Fee: \$311.00

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:	
Reason for submitting this application (check all that apply):		
<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: _____	

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 completed application to us,
and then visit www.seattle.gov/fire/permits to make a payment.
Tel: (206) 386-1450
E-mail: 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"/> Business closed
		<input type="checkbox"/> Change in ownership <input type="checkbox"/> Final inspection completed