

Seattle Fire Department Permit Application

Code 7501 **Non-Flammable Cryogenics**



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 |