

**Seattle Fire Department Permit Application**  
**Code 916-Install      Installation of Gas Detection Systems**



**Permit Fee:                      \$478.00**

TO BE COMPLETED BY GAS DETECTION SYSTEM OWNER OR INSTALLER (PLEASE PRINT):

GAS DETECTION SYSTEM SITE ADDRESS:		
BUSINESS NAME:		
MAILING ADDRESS:	SUITE:	
CITY:	STATE:	ZIP:
CONTACT PERSON:	PHONE NUMBER: (        )	
LOCAL REP. CONTACT NAME:	LOCAL REP. PHONE NUMBER: (        )	
LOCAL REP. E-MAIL ADDRESS:		
ESTIMATED INSTALLATION DATE:		
<b>Type of Gas Detection System being installed at this site: (Check all that apply)</b> <input type="checkbox"/> Carbon Dioxide Gas <input type="checkbox"/> Flammable Gas <input type="checkbox"/> Highly Toxic or Toxic Gas		

**Payment must accompany all applications. Please make checks payable to CITY OF SEATTLE.  
 GAS DETECTION SYSTEM DESIGN AND TYPE OF EQUIPMENT TO BE INSTALLED MUST BE SUBMITTED WITH 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 S, 2<sup>nd</sup> 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](http://www.seattle.gov/fire/permits) to make a payment.**  
 Tel: (206) 386-1450  
 E-mail: [permits@seattle.gov](mailto:permits@seattle.gov)

**SFD INSPECTION REQUIRED PRIOR TO OPERATION**  
**Contact us at least 2 business days prior to intended start date to request an inspection.**  
**Email: [permits@seattle.gov](mailto:permits@seattle.gov) | Call: (206) 386-1450**

<b>FMO USE:</b> Check No.: _____ Receipt No.: _____ Application ID#: _____	<b>APPROVED BY:</b> Inspector: _____ SFD ID# _____ Date: _____
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**Your  
Seattle  
Fire Department**



## **INSTALLATION PERMIT**

### **Gas Detection Systems**

**Code: 916-Install**

Gas Detection System Owner or Installer's Business Name: \_\_\_\_\_

Address Where Gas Detection System is Located: \_\_\_\_\_

TYPE OF GAS DETECTION SYSTEM	LOCATION

**This permit is not transferable or renewable.**

Special Permit Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***FIRE DEPARTMENT APPROVAL:***

**Inspector:** \_\_\_\_\_

**INJ/ILL#:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_

**This permit shall be kept on the premises designated herein at all times and shall be readily available for inspection by the fire code official. (SFC 105.3.5)**