



APPLICATION FOR TEMPORARY PERMIT

Code: _____ **Title:** _____

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

TO BE COMPLETED BY PERMIT APPLICANT (PLEASE PRINT)

FIRM 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: Fax or email this application
THEN CALL US TO CONFIRM RECEIPT AND MAKE PAYMENT
 Tel: (206) 386-1450 / Fax: (206) 386-1348
 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: _____

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