

APPLICATION FOR TEMPORARY PERMIT

Code 2701-T	Hazardous Material Stabilization		
Permit Fee: \$ 311.00 + time ch	narge	Date Issued	/ Permit Expiration Date
TO BE COMPLETED BY PERMIT APPL	LICANT (PLEASE PRINT)		
BUSINESS NAME			
MAILING ADDRESS			SUITE
CITY		STATE	ZIP
OPERATION ADDRESS			
CONTACT PERSON	PHONE NUMBER ()		
Payment must accompany al	l applications. Please incl	ude a check made paya	ble to the CITY OF SEATTLE.
Permit applications may be submit Seattle Fire Department Fire Marshal's Office – Permit 220 Third Ave S, 2 nd 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		
Call 206-386-1450, at least 2	4 hours prior to needed	l inspection time to a	rrange for an appointment.
Permission is hereby granted to:			
Special permit conditions:			
FMO USE:	APPROVE	D BY:	
Check No.:			
Receipt No.:			SFD ID#