

# Seattle Fire Department Permit Application

Code 2502/2509

## Assembly Occupancy

Including Open Flame Devices and Candles\*



**\*Does not include persons performing with fire. A separate temporary permit is required.**

- |   |          |              |
|---|----------|--------------|
| <input type="checkbox"/> Occupant Load 100 - 199 no stage | \$571.00 | Code: 2502.1 |
| <input type="checkbox"/> Occupant Load 200 - 999 no stage | \$715.00 | Code: 2502.2 |
| <input type="checkbox"/> Occupant Load 100 - 199 w/stage  | \$571.00 | Code: 2502.1 |
| <input type="checkbox"/> Occupant Load 200 - 999 w/stage  | \$715.00 | Code: 2502.2 |

TO BE COMPLETED BY PERMIT APPLICANT (PLEASE PRINT)

FIRM NAME:		
MAILING ADDRESS:		SUITE:
CITY:	STATE:	ZIP:
OPERATION ADDRESS:		
CONTACT PERSON:		
PHONE NUMBER: (     )		E-MAIL ADDRESS:
<b>Reason for submitting this application (check all that apply):</b>		
<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: _____	
<b>THE CITY OF SEATTLE CERTIFICATE OF OCCUPANCY IS REQUIRED WITH THIS APPLICATION</b>		
<b>Payment must accompany all applications. Make check payable to CITY OF SEATTLE.</b>		

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 application to us,  
**THEN EMAIL US TO BE PROVIDED AN ONLINE PAYMENT KEY**  
Tel: (206) 386-1450  
E-mail: [permits@seattle.gov](mailto:permits@seattle.gov)

TO BE COMPLETED BY FMO INSPECTOR:

SDCI Certificate of Occupancy, Permit or Project		
#: Occupant Load for the Room(s) Requiring		
Permit: Occupancy Type:		Year Issued:
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