



## APPLICATION FOR PERMIT

- ☐ Flat Fee: \$ \_\_\_\_\_  
☐ Worksheet Fee: **\$255.00\***

Code: 801-AG Title: COMBUSTIBLE/FLAMMABLE LIQUIDS

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>Payment and HMIS* must accompany all applications. Please 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: 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](mailto:permits@seattle.gov)

\* Worksheet permit fees will be calculated based on the quantity and type of material handled or stored at the site. The minimum permit fee is **\$255.00**. After evaluation of inventory, if the permit fee is calculated to be greater than \$255.00, you will be invoiced for the balance due.

**NOTE:** The completed *Hazardous Material Inventory Statement (HMIS)* must be submitted with applications for Hazardous Materials (permit code series 801) at the time of application, preferably by email to [permits@seattle.gov](mailto:permits@seattle.gov). The HMIS form and instructions are available on our website at <http://www.seattle.gov/fire/FMO/permits/permits.htm>

☐ **I have submitted the HMIS for this permit application.**

### 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