

Seattle Fire Department Permit Application

Code 2511 **Open Flame, Assembly Occupancy (Calendar Year), Temporary**



Permit Fee: **\$396.00***

Special Events
-Revised 11/2009-

TO BE COMPLETED BY PERMIT APPLICANT (PLEASE PRINT)

FIRM/APPLICANT NAME:		
MAILING ADDRESS:	SUITE:	
CITY:	STATE:	ZIP:
EVENT TITLE:		
EVENT ADDRESS: VARIOUS		
EVENT DATE(S): VARIOUS	EVENT START TIME(S): VARIOUS	
CONTACT PERSON:	PHONE NUMBER: ()	
TYPE OF PERMIT: CANDLES <input type="checkbox"/> COOKING <input type="checkbox"/> DEMONSTRATION <input type="checkbox"/> FIRE ACT <input type="checkbox"/> OTHER <input type="checkbox"/> _____		

Please include a check made payable to the CITY OF SEATTLE with this 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, Second Floor
Seattle, WA 98104-2608

Tel: (206) 386-1450
Fax: (206) 386-1348
www.seattle.gov/fire

***PERMITS REQUIRING INSPECTION OUTSIDE REGULAR BUSINESS HOURS WIL BE BILLED BY INVOICE. (REGULAR BUSINESS HOURS: MONDAY-FRIDAY 8:00 AM TO 4:30 PM)**

TO BE COMPLETED BY FMO INSPECTOR:

Permit Approved by Inspector : _____	Date: _____
Permit cc:	
Late fee waived: <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	<input type="checkbox"/> Cancel with full refund <input type="checkbox"/> Cancel, no refund Initials: _____

FMO OFFICE USE ONLY:

Date Received:	Receipt No.:	Check No.:
Expiration Date: Dec. 31 , _____	Permit No.:	Application ID#
<input type="checkbox"/> Cancel with full refund <input type="checkbox"/> Cancel, no refund <input type="checkbox"/> Moved <input type="checkbox"/> No Longer Needs <input type="checkbox"/> Out of Business		