

**Seattle Fire Department Permit Application**

**Code 8206**      **LPG, 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: <b>VARIOUS</b>		
EVENT DATE(S): <b>VARIOUS</b>		EVENT START TIME(S): <b>VARIOUS</b>
CONTACT PERSON:		PHONE NUMBER: (      )
TYPE OF PERMIT: COOKING <input type="checkbox"/> DEMONSTRATION <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE USE :		
<b>Please include a check made payable to the CITY OF SEATTLE with this application.</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, 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: _____
<b>Permit cc:</b>	
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: <b>Dec. 31</b> , _____	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		