

**Seattle Fire Department Permit Application**

**Code 2511**

**Fire Performance, Open Flame/Flame Effects (12 Months, Multiple Events)**

**Non-renewable**

**(NOT FOR LPG (PROPANE) USE, NOT FOR FOOD VENDING)**



**Permit Fee: \$620.00**

TO BE COMPLETED BY PERMIT APPLICANT (PLEASE PRINT)

FIRM/APPLICANT NAME:		
MAILING ADDRESS:	SUITE:	
CITY:	STATE:	ZIP:
EVENT TITLE:		
EVENT ADDRESS:		
SET-UP DATE(S):	SET-UP TIME(S):	
EVENT DATE(S):	EVENT START TIME(S):	
CONTACT PERSON:	ON-SITE CONTACT:	
PHONE NUMBER: (     )     )	PHONE NUMBER: (     )     )	
E-MAIL ADDRESS:	E-MAIL ADDRESS:	
TYPE OF PERMIT: CANDLES <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.**

**\*\* Note regarding Fire Act:** Evidence of insurance coverage approved by the City of Seattle Office of Risk Management must be submitted with this application. More information about insurance coverage is available on the website at <http://www.seattle.gov/fire/business-services/special-events/fire-performance>. A completed *Fire Performance Event Notification Form* must be submitted with this application, and for each subsequent fire performance by email to the Fire Marshal’s Office. The form is available on page 2 of this application, also on the website at <http://www.seattle.gov/fire/business-services/special-events/fire-performance>.

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 CONTACT US TO BE PROVIDED AN ONLINE PAYMENT KEY**  
Tel: (206) 386-145  
E-mail: [permits@seattle.gov](mailto:permits@seattle.gov)

**PAYMENT MUST ACCOMPANY ALL APPLICATIONS. PAYMENTS RECEIVED LESS THAN 10 DAYS PRIOR TO THE EVENT WILL BE ASSESSED A LATE FEE EQUAL TO 50% OF THE ORIGINAL PERMIT FEE.**

**FMO OFFICE USE ONLY:**

Approved by:	Date:
<b>Permit cc:</b>	
<input type="checkbox"/> Cancel, refund requested (Approval attached)	<input type="checkbox"/> Cancel, no Reason: Initials:
Application ID#	Check No.: Receipt No.: