

City of Seattle
Department of Planning and Development (DPD)
Applicant Services Center
700 Fifth Ave., Suite 2000, P.O. Box 34019
Seattle, WA 98124-4019
www.seattle.gov/dpd

206-684-8850

CHECKLIST

Temporary Occupancy Permit

| Project Nun | nber: | | |
|-------------|--|--|--|
| Event Addre | ess: | | |
| Event Name: | | | Event Dates: |
| Type of Occ | cupancy: | | |
| Applicant N | ame: | | |
| Phone: | | Fax: | E-mail: |
| Tempora | ary Occupa | ancy applications must | nclude the following documents: |
| Required | Submitted | | |
| | | An ASC Counter Application Form. | |
| | A copy of the Fire Department Assembly Permit. Obtain this permit from the Special Events Officer at the Permit Des Marshall's Office, 220 3 rd Ave S. | | cial Events Officer at the Permit Desk, Fire |
| | | Two sets of drafted, scaled and dimensional plans with the following information: DPD Coversheet Vicinity or plot plans Floor Plans showing the location of the occupancy and exiting plans Seating plan showing the layout and aisle Barrier Free facilities Other: | |
| | | 2013 Permit Fees payable to the "City of Seattle" | |
| _ | _ | \$362.00 minimum perm \$181.00 per hour for ad \$ 4.50 Washington St | ditional review time after 2 hours. |
| | | A Health Department review is needed if there is a food related use | |