



City of Bellevue Fire Department
 P.O. Box 90012
 Bellevue, WA 98009 (425) 452-6872

Operational Permit Application (Temporary Use)

GENERAL INFORMATION *(to be completed by the permit applicant)* (PLEASE PRINT)

Business Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone No.	
Email Address:		

LOCATION OF OPERATON *(if different than above)* (PLEASE PRINT)

Business Name:		
Address:		
City:	State:	Zip:

PERMIT BILLING *(if different than above)* (PLEASE PRINT) *(Permits will be billed by the City of Bellevue)*

Business Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone No.	
Email Address:		

[Click here](#) for the current permit fee. **Note:** This fee will change every January 1st based on the current Seattle Consumer Price Index. Governmental or non-profit organizations are exempt from permit fees. If non-profit, please provide IRS documentation for non-profit status.

- Temporary use permits are invoiced within 30 days of permit issuance.
- Until revoked permits are invoiced January each year.
- All permits are subject to a late fee if not paid within 30 days of receipt.

TYPE OF OPERATION(S) *(More than one operation may apply)*

<input type="checkbox"/> Amusement Building	<input type="checkbox"/> Carnival / Fair	<input type="checkbox"/> Exhibits / Trade Shows	<input type="checkbox"/> Welding / Hot Work
<input type="checkbox"/> Floor Finishing	<input type="checkbox"/> LP-Gas	<input type="checkbox"/> Open Flame / Torch	<input type="checkbox"/> Compressed Gas
<input type="checkbox"/> Pyrotechnic Material	<input type="checkbox"/> Flammable & Combustible Liquid Tank Decommissioning or Removal		
<input type="checkbox"/> Fueled Vehicle or Equipment In Assembly Building	<input type="checkbox"/> Other: _____		
Description: _____			

Note: Temporary Operational Use Permits are not applicable for Tents / Membrane Structures or Construction Projects where an approved City of Bellevue Development Services Permit has been issued for that operation. (i.e. LR, BB, BM, BY, or BZ permits)

DATE(S) OF OPERATION(S)

Start Date:	Time:	End Date:	Time:
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Applicant Signature

Date