



SPECIAL EVENT PERMIT APPLICATION

PERMIT NUMBER: _____

**APPLICATION SHALL BE SUMITTED
60 BUSINESS DAYS PRIOR TO THE EVENT**

APPLICANT INFORMATION

Applicant Name: _____
Address: _____
Phone No: _____ Fax No: _____

EVENT INFORMATION

Event Name: _____ Event Contact : _____
Address: _____
Phone Number: _____ Fax: _____
Type of Event: _____ Indoor Outdoor Both
Date(s) of Event: _____ Event Times (s): Start: _____ End: _____
Number of people per day _____ Total number of people for the event _____

Food & Beverage:

Catered on-site/off-site Barbeques/Grills Deep Fryers Ranges Woks
 Alcohol being served – secure area Alcohol being served – open area

Tents (over 400 square feet): Number of Tent(s): _____ Do tent(s) have sidewalls? Yes No
(Copy of the fire retardant certification is required)

Booths: Number of booth(s): _____ Type of construction: _____
Will there be cooking in the booths? Yes No (Cooking tents shall be separated from other tents by 20 ft. Outdoor cooking that produces sparks or grease-laden vapors shall not be performed with 20 ft of a tent. LP-gas/propane tanks shall be secured and located outside the tent)

Portable fire extinguishers – Yes No
How many 2A:10BC: _____ Class K: _____ Other: _____

Generators - How many _____ Refuel required Yes No How often? _____
(Generator shall be secured from the public, have current fire extinguishers 40B:C, and be grounded)

REQUIRED WITH THIS APPLICATION:

The following plans shall be submitted in a clear and legible manner and on a standard 8 1/2" X 11" or 8 1/2" X 14 format; larger maps or blueprints may be necessary

Site map indicating locations of event activities, tent(s) and/or booths, including distance from other temporary structures, buildings, property lines or booths. Please show location of generators, vehicle parking areas, fire lanes and roadways.

Floor plan indicating occupancy load calculations, exit locations and dimensions, exit doors/curtain(s), placement of exit signs, portable fire extinguishers - type rating, No smoking signs, if cooking/open flames/candles/ sternos/heaters, number of table/chairs, table dimension, chair spacing, chair bonding, aisle locations, length & width, emergency lighting, flooring material(s), stage(s)

Parking & Security plan - require a copy to verify fire access and abilities.

Emergency Medical:

(EMT) Event Staff First Aid (BLS) Basic Life Support (ALS) Advance Life Support

CONDITIONALS OF APPROVAL

- All applications and fees (if applicable) shall be submitted a minimum 10 business days in advance of the beginning date of the display or event. **Permit application fee is \$74.00. Fire Department Standby personnel deposit based fee may be required. Deposit Based Fee indicated that additional money may be due & collected.**
- A pre-event inspection is required prior to the display or event.
- Property owner will issue a signed written letter allowing permission to use property for the event.

I CERTIFY THAT I HAVE READ THE ABOVE STATEMENT OF CONDITIONS OF APPROVAL AND THAT ALL INFORMATION SUBMITTED IS CORRECT. I AGREE TO COMPLY WITH ALL LOCAL LAWS RELATED TO FIRE PREVENTION, AND TO THE RULES AND REGULATIONS ADOPTED BY THE CALIFORNIA STATE FIRE MARSHAL. I HEREBY AUTHORIZE REPRESENTATIVE OF THE FIRE DEPARTMENT TO ENTER UPON THE ABOVE-MENTIONED EVENT PREMISES FOR INSPECTION PURPOSES.

APPLICANT'S PRINTED NAME: _____	DATE: _____
APPLICANT'S SIGNATURE: _____	_____

OFFICE USE ONLY

STANDBY PERSONNEL ASSIGNED

Date personnel assigned: _____	Standby fee obtained: _____
Name (s) of Personnel Assigned: _____	

PERMIT FOR SPECIAL EVENT

Date of Event _____	<input type="checkbox"/> Granted	<input type="checkbox"/> Denied
Name: _____	Title: _____	
Signature: _____	Date: _____	