

County of Sonoma **FIRE & EMERGENCY SERVICES DEPARTMENT**



FIRE SERVICES - EMERGENCY MANAGEMENT - HAZARDOUS MATERIALS

Special Event Application / Permit

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Note: This Application / Permit is not valid until signed by a Fire Department representative. A FEE WILL BE CHARGED FOR THIS APPLICATION / PERMIT								
BILLING INFORMATION	APPLICANT							
Name	Name							
Address	Address							
Email	Email							
Phone	Phone							
EVENT								
Address	Contact							
Email	Cell							
Event	Number o		Participants	Event Date				
Name		ay	Total	Start Date	Start Date End Date			

Overall Event Profile	(Check most applicable and all that apply)
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EVENT CONDITIONS				SAFETY PROVISIONS*			
	NATURE OF EVENT	VENUE			SECURITY		
	Concert / Music Festival		Indoors 🛛	Outdoors		Event Staff	
	Exhibit / Trade Show		Parking / Traffic Access			Private Security	
	Bicycle / Foot Race / Parade		Festival Seating / Standing			Law Enforcement	
	Athletic / Sporting Event		Tables & Chairs			EMERGENCY MEDICAL	
	Agricultural / Farmers Market		Tents- (Application REQUIRED)			Event Staff First Aid	
	Carnival / Fair / Circus / Haunted House		Heating Provided			Advance Life Support (ALS)	
	Motor Sport		Generator Provided			Basic Life Support (BLS)	
	Aviation / Marine Event	FOOD & BEVERAGE		FIRE PROTECTION			
	Political Rally		Catered / Prepared off-site			Fire Extinguishers / Hoses	
	Wedding		Barbeque / Grill on-site			Event Staff Fire Watch	
	Pyrotechnic Display		Deep Fryer on-site			Fire Dept. Stand-by	
	Wine Tasting		Ranges on-site			Fire Engine Stand-by	
	Other		Alcohol Served			Fire Rescue Stand-by	

I declare under penalty of perjury, to the best of my knowledge and beliefs, the responses made herein are true and correct.									
Applicant	Printed								
Signature:	Name:								
*If Safety Provisions are not sufficient for the event, additional Safety Provisions may be required by County Fire.									
See back of form for further details.									
OFFICE USE ONLY BELOW THIS POINT									
Local Fire		Local agency notified and conditions	cal agency notified and conditions Public Safety Plan						
Agency		have been added (if any).			Approved				
Subject to the conditions noted on the Fire Inspection Form, permit is hereby approved. (Fire Inspection Form is attached)									
Inspector	Printe	ed	Date						
Signature:	Nam	e:							
Zoning					Attached				
Permit No: Site Plan / Route Map					Approved				
Permit Fee Inspection Fe	e	Total Fee	Invoice #:						

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