



Sacramento Metropolitan Fire District

Community Risk Reduction Division

www.metrofire.ca.gov

10545 Armstrong Ave., Suite 310 • Mather, CA 95655 • Phone (916) 859-4330 • Fax (916) 859-3717

SPECIAL EVENT APPLICATION

APPLICANT INFORMATION

Applicant Name: _____

Address: _____ City: _____ Zip: _____

E-mail address: _____ Phone: _____

EVENT INFORMATION

Event Title: _____ Event Date: _____

Event Location: _____

Day of Event Contact: _____ Day of Event Phone: _____

Inspection**: Date _____ Time: _____ Dismantle: Date: _____ Time: _____

** Please note, inspection date/time must be when set-up for event is **completed**, **additional fees apply** if inspection cannot be completed during normal business hours

TYPES OF ACTIVITIES PROPOSED FOR EVENT

- Cooking on-site
- Electrical heating/cooking
- Propane (LPG)
- Compressed Natural Gas
- BBQ grills
- Tent/Canopy erected**
- Tables and Chairs
- Seating only
- (bonded if over 200)
- Street or lane closures
- Heater
- Generator
- Candles/open flame
- Pyrotechnics
- Other

** Tents 700 sq. ft. or greater require separate tent permit

Remarks (Please provide a brief description of activities taking place during the event):

I hereby acknowledge that the information given is correct. All permits issued shall be presumed to contain the provisions that the applicant, their agent and employees shall carry out the proposed activities in compliance with all laws and regulations applicable thereto, whether specified or not, and in complete accordance with approved plans and specifications. Any permit which violates any applicable law or regulation shall be void, and any approval of plans and specification in the issuance of such permit shall be void. By signing this application, the applicant acknowledges that they may be billed for unanticipated costs arising from the event as a result of changes to the event or inaccurate application information.

Signature: _____ Date: _____

FOR OFFICE USE ONLY	ADDITIONAL FEES:	Received Date:
Permit #: _____	OTI (Sat. or Sun.): _____	_____
Invoice #: _____	OTC (less than 2 weeks): _____	
Received By: _____		