



CITY OF RIVERSIDE FIRE DEPARTMENT FIRE PREVENTION DIVISION

CITY OF RIVERSIDE FIRE DEPARTMENT SPECIAL EVENT PERMIT APPLICATION

APPLICATION SHALL BE SUBMITTED NO LATER THAN **10 BUSINESS DAYS** PRIOR TO THE EVENT

APPLICANT INFORMATION

Applicant Name: _____ Date: _____

Company Name: _____

Phone No: _____ Email: _____

EVENT INFORMATION

Event Name: _____ Event Contact: _____

Event Address: _____

Cell Number: _____ Email: _____

Type of Event: _____ Indoor Outdoor Both

Date(s) of Event: ___/___/___ to ___/___/___ Event Times(s): Start: _____ End: _____

Number of people per day _____ Total number of people for the event _____

- Food & beverage:** Not applicable Cooking on-site Barbeques /grill Deep fryers Ranges Woks
 Propane (shall be secured from tipping over) Food truck(s)/trailer – How many _____
 Alcohol being served Yes No Beer Garden size: _____
 Use of CO2 (carbon dioxide gas) cylinder(s) (shall be secured from tipping over)

Tents: Yes No (Over 400 square feet): with sidewalls: Number of tent(s): _____

Will you be cooking in the tent: Yes No (Copy of the fire-retardant certification is required)

Tents: Yes No (Over 700 square feet): with sidewalls: Number of tent(s): _____

Will you be cooking in the tent: Yes No (Copy of the fire-retardant certification is required)

Booths/canopies: Number of booth(s)/canopies: _____

Maximum number of (7) 10'X10' booth(s)/canopies assembled, require a minimum clearance of 12 feet in between each group of 7 booth(s)/canopies for a total of 700 sq. ft. (Indicate location(s) on required site map)

Decorative materials: In all assembly occupancies all decorative materials shall be flame retardant treated, shall bear a State Fire Marshal tag on each panel and/or provide a certificate of flame-retardant treatment for that product(s).

Propane heaters: in tent(s): Yes No **Indoor vehicle/motorcycle display:** Yes No

Generators: None / Small portable generator – How many _____ Lg. gen. on a trailer – # of _____ kW

Pyrotechnics/fireworks: Yes No **Mock gunfire/cannon/special effects:** Yes No

Inflatable slide/house Yes No

REQUIRED WITH THIS APPLICATION:

The following plans shall be submitted in a clear and legible manner to scale/dimensions and on a standard 8 ½" X 11" or 8 ½" X 14 format; larger maps or blueprints may be necessary

Site map: • Indicating locations of event activities • tent(s) and/or booth(s)/canopies • distance from other temporary structures, buildings, property lines or booths • location of generators • vehicle parking areas • fire lanes • fire hydrants/fire department connections • roadways

Floor plan: • Exit locations and dimensions • exit doors • curtain(s) • placement of exit signs and emergency lighting • portable fire extinguishers • no smoking signs • cooking/open flames/candles/gel fuel/heaters • number of table(s)/chairs • table dimension • chair spacing • chair bonding • aisle locations - length & width • flooring material(s) • stage(s) or platforms

Emergency Medical provided: Yes No

If yes, what type:

First Aid (BLS) Basic Life Support - Provided by: _____

(ALS) Advance Life Support – Provided by: _____

Fire Department standby (may require additional fees should event require service per hour)

PERMIT ISSUANCE INFORMATION

All applications and fees (if applicable) shall be submitted a minimum of 10 business days in advance of the beginning date of the display or event. Permit fee: small event \$454.50., large event \$726.50. with inspection or \$91.25. no inspection. Additional fees may be required for multiple inspections. Failure to comply with the requirements(s) of the application and approved site map may result in an Administrative Citation with monetary fines and/or cancellation of fire permit issuance. The Administrative Citation will be issued to the applicant and/or vendor.

I CERTIFY THAT ALL THE 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.

DATE: ____ / ____ / ____

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____

OFFICE USE ONLY

Permit required: Yes No Inspection required: Yes No Permit Number: _____

Approved by: _____ Date: _____

Denied by: _____ Date: _____

Comment: _____
