



SCOTTS VALLEY FIRE PROTECTION DISTRICT

7 Erba Lane, Scotts Valley, CA 95066-4199 • scottsvalleyfire.com • 831-438-0211

SPECIAL EVENT APPLICATION

EVENT COORDINATOR INFORMATION:

Promotion/Company: _____ Contact: _____

Mailing address: _____ City: _____ Zip: _____

Email: _____ Phone: _____

On-site event coordinator: _____ Cell phone: _____

EVENT INFORMATION:

Name of event: _____

Date(s) of event: _____ Hours of operation: _____

Event description: _____

Event address: _____

Total # of people anticipated: _____

POWER & COOKING:

Source of power: On-site power Generator Type & amount of fuel _____

Number of booths: Cooking: _____ Non-cooking: _____ # of food trucks: _____

Cooking (prepared how?): Deep fry BBQ Open flame Other: _____

Open flames (other than cooking): YES NO Outdoor heaters: YES NO

ENTERTAINMENT:

Type of entertainment: _____ Stage YES NO

Fireworks or special effects: YES NO Description: _____

TENT INFORMATION:

Tents: YES NO Heating: Electric Propane None

Number of tents and sizes: _____

OTHER:

Description of special effects including sound, theatrical smoke, lighting (ie: strobes) and all other effects:

Description of decorations and/or wall coverings being used. Provide documentation for the fire-retardant treated materials being proposed or provide a sample of the material for a flame test.

PROVIDE:

- Site plan for the event, including tent, booth, stage etc. locations
- Complete floor plan of the event area including seating/table arrangements (if applicable)
- Fire evacuation plan (if applicable)
- Fire safety plan (if applicable)
- Fire protection and detection systems (fire sprinklers, fire alarms etc.) (if applicable)

Applicant signature: _____ **Date:** _____

FOR OFFICE USE ONLY
PERMIT
Permit #: _____ Date issued: _____ Fee: _____ Date paid: _____
Final inspection date: _____ Inspector: _____
Comments:

