FIRE PERMIT #: \_\_\_\_\_



Please send all applications to Bolk@northstarcsd.org

Date

Event Name:

Event Location Address:

Event Description:

Event Sponsor:

Event Sponsor Address:

Setup Date:Setup Start Time:Tear-Down Date:Start Time:

Planned # Of Attendees: Approved Occupant Load of Area (if indoors):

#### **ONSITE CONTACT FOR DAY OF EVENT**

Onsite Contact Name:

Onsite Contact Cell Phone Number:

Onsite Contact Email Address:

BY: \_\_\_\_\_

#### **APPLICANT INFORMATION**

Applicant is the company and/or individual that the permit will be issued to. Applicant will be the company and/or individual that may need to provide proof of insurance, licensures, etc...

Applicant Name/DBA:					
Event Contact Name:					
Applicant/Business Street Addre	SS:				
City:	State:	Zip:			
Business Telephone:		Email: (mandatory):			
<b>EVENT TYPE</b> Select all that apply					
Concert/Performance	□ Wedding/Reception	Fundraiser	□ Sporting		

□ Exhibit/Trade Show □ Other *specify*:

Sales

□ Festival/Carnival/Fair

### **ACTIVITIES/USES**

Tournament

□ Parade/Procession

Check all the applicable operations noted below. The Northstar Fire Department must approve and permit any of the following activities/uses. Please note that sparklers are not permitted for Special Events. Depending on expected attendance, event location and other factors, an on-site Fire Safety Officer (FSO) will be needed. Below are some common factors for an FSO requirement:

□ Hot Food served	Heater(s)	Cooking on-site	□ Tables and chairs	
Generator	Chafing Fuel: Sternos	Candle/Open flame	Cassette Feu	
Flame effect	Propane on-site	□ Compressed natural gas	Seating only- Bonded if over 200	
□ Tent erected- REQUIRED: In addition, please complete section 1A: Erect A Tent, Canopy, or Membrane Structure				

□ Pyrotechnics, open flame acts- REQUIRED: In addition, please complete section 1B: Open Flames Acts

□ Fireworks- REQUIRED: In addition, please complete the NFD application entitled: Supplemental Application for Fireworks Form

**REMARKS**- Please provide a brief description of the activities taking place during the event

<b>SITE PLAN INFORMATION</b> Check all that apply & attach a reproducible layout of the event with the following applicable items.					
Tents/Temporary Structures	Fire Extinguishers	Emergency Exits			
□ Vehicle(s)	Open Flame Devices	□ Stage			
LPG Propane Generator	Equipment Requires Electric Power	□ Launch Site of Pyrotechnics			
□ Area Restriction Devices (i.e., Barricade	es) 🗌 Map of Route for	Parades, Races, etc.			
Emergency Vehicle Access- 12ft min width					

### SECTION 1A: ERECT A TENT CANOPY OR MEMBRANE STRUCTURE

A permit must be issued, if a tent is over 400 sq. ft. (regardless of use) or a tent, canopy or membrane structure will be installed by a third party. Consult Northstar Fire Department's guidelines for Outdoor Gatherings and Events and/or contact the Fire Prevention/Community Risk Reduction office for details regarding tent, canopy, and membrane structure requirements.

Vendor Contact Name:

Telephone Number:

Tent Installed By:

Please fill in Quantity and Size. The other columns will populate	Quantity	Size	Area	Total
		х		
		х		
		х		
		х		
		Х		
Total # of Tents & Canopies:			Total Floor Area:	

SECTION 1B: OPEN FLAMES ACTS					
A permit must be issued for Open Flame Acts. Consult Northstar Fire Department's guidelines for Open Flame Acts and/or contact the Fire Prevention/Community Risk Reduction office for further details. Please complete the Flame Activity Sheet below.					
	<u>FLAME</u>	EFFECT PLAN			
Building or Location name:					
Address:					
Event Date:		Event Time:			
DEVICES USE IN THE PERFORMANCE					
<ul><li>Fire Chain</li><li>Fire Fans</li></ul>	<ul><li>Fire Fingers</li><li>Fire Rings</li></ul>	<ul><li>Fire Staff</li><li>Fire Stilts</li></ul>	<ul><li>Fire Wands</li><li>Fire Art</li></ul>		
FUEL DETAILS					
Ту	pe(s) of Fuel	Quantity			
Amount of fu	uel traveling to the site	PINT(S)			
		QUART(S)			
Amount of fuel to be	e used during the performance	PINT(S)			
Amount of fuer to be used during the perior		🗆 QUART(S)			
Appli	ication method				
Containment method for excess fuel			R (CATCH POT, PAN, ETC)		
		OTHER- specify:			
FUEL CONTAINER(S)					
GLASS AND/OR DRINKING BOTTLES ARE PROHIBITED.					
<ul> <li>Original product</li> <li>Other- specify:</li> </ul>	: container 🛛 🗆 1 Quart m	etal container 🛛 🗆 DO	T certified container		

		SAFETY DETAILS		
		SECTION 1B Continued		
l,		;		
We,	will have the following fire control methods present:			
Fire extinguisher:				
2A10BC minimum rating		Quantity:		
Water spray can				
Wet towels				
Trained safety staff				
Other <i>specify</i> :				
Performance extinguishing method				
Burn out				
Wet towel				
Smother				
When the performance is complete				
Returned to their original co	ontainer/c	arrying case		
Wrapped up in a tarp Other <i>specify</i> :				
Other specify.				
	PE	<b>RFORMANCE AREA DETA</b>	ILS	
Type of barricade if any:				
Size of fire performance				
space:				
Distance from audience:				
Backdrops present:	□ YES			
Are drapes or backdrops fire	□ YES	If YES, what type? Specify		□ NO
retardant?				
Certified retardant?	□ YES			
Are performers' costumes fire	□ YES			□ NO
retardant?				
Certified retardant?	□ YES			

This application is made to the Northstar Fire Department for review of plans, inspection and approval of the described activity or work that will meet all applicable standards. No work and/or event will take place until a Fire Department permit is received. We understand working without an approved event plans and a permit will result in delays and an investigation. A "stop work" order may be issued for the project until the investigation is complete.

Approval does not relieve the designer / contractor from complying with all applicable fire code requirements, nor does it abrogate the requirements of other authorities having jurisdiction.

I hereby affirm that I have truthfully completed the Fire Operational Permit Application and agree to operate this business in accordance with all Federal, State, local laws & ordinances, rules, and regulations.

#### **APPLICANT'S PRINTED NAME**

**APPLICANT'S TITLE** 

#### **APPLICANT'S SIGNATURE**

DATE

#### FOR OFFICE USE ONLY: DO NOT COMPLETE BELOW THIS LINE

**COMMENTS:** 

Received By:

Date of Receipt: