



BELMONT FIRE DEPARTMENT
Outdoor Festivals & Special Events
BFD-OFM-10-005

APPROVED APPLICATION MUST BE AVAILABLE ON SITE DURING EVENT.

Date Application Submitted: _____

Name of Event: _____

Expected Attendance: _____

Event Location: _____

Sponsoring Organization:

Contact Name: _____ Email Address: _____

Address: _____ City/State/Zip: _____

Phone Number(s): _____ _____

Contact Name: _____ Email Address: _____

Address: _____ City/State/Zip: _____

Phone Number(s): _____ _____

Professional Organizer:

Contact Name: _____ Email Address: _____

Address: _____ City/State/Zip: _____

Phone Number(s): _____ _____

SUMMARY OF EVENT

DESCRIPTION OF EVENT

Date/Time

Setup	Date _____	Time _____	Day of Week _____
Event Starts	Date _____	Time _____	Day of Week _____
Event Ends	Date _____	Time _____	Day of Week _____
Dismantle	Date _____	Time _____	Day of Week _____

INSPECTIONS FOR SPECIAL EVENT

Carnival, Carnival with Rides, Fair, Festival, Food Preparation

Outside Event with Greater than 200 people

Tent(s) 600 square feet and greater (20'x30') or an accumulation of 1000 square feet or greater covered

4. Are you installing any grandstands, bleachers, or folding or telescoping seating? YES NO

If yes, please show locations and dimensions on the site plan (Attachment "B").

Any grandstands, bleachers and/or folding or telescoping seating greater than 30" above grade is required to meet structural, accessibility, guardrail and handrail requirements and also submit the following for review:

Please provide the following information of the person or company responsible for installing the, structure, or device:

Name: _____

Office Phone Number: _____

Cellular Phone Number: _____

Mailing Address: _____

5. Is electrical power required (for sound amplification, lighting, cooking, etc)? YES NO

If yes, please show items on the site plan and describe how power is to be provided.

Additional review may be required:

_____ Portable generator

_____ Temporary power service

_____ Other, please describe _____

Please provide the following information of the person or company responsible for installing the electrical power or entertainment device:

Name: _____

Office Phone Number: _____

Cellular Phone Number: _____

Mailing Address: _____

COOKING

1. Are there going to be any cooking booths?

YES NO.

2. Types of cooking equipment (Check all that apply)

Coleman LPG. Charcoal Wood Other (Please List) _____

3. Number of cooking booths?
