

# Columbia Fire Department

www.columbiasc.net/fire

## FIRE PREVENTION BUREAU

1612 Bull Street Columbia, SC Phone: (803) 545-3701 Fax: (803) 401-8839

#### SPECIAL EVENTS APPLICATION

APPLICANT NAME:				
ADDRESS:	CITY:	STATE:	ZIP :	
APPLICANT PHONE NUMBERS: (BUSINESS)				
(CELL)	FAX):	Email:		
EVENT NAME:		_EVENT CONTACT:		
EVENT ADDRESS				
EVENT HOURS OF OPERA	ATION:	EVENT DAT	ES:	
Food & Beverage: Catered on-site/off-site _				

Tents (over 400 square feet): Number of Tent(s): \_\_\_\_\_ Do tent(s) have sidewalls? Yes No Note: Copy of the fire retardant certification is required for cooking tents Booths: Number of booth(s): \_\_\_\_\_\_ Street closings: Yes \_\_\_\_ No\_\_\_ Will there be cooking in the booths? Yes \_\_\_ No\_\_\_ (Cooking tents shall be separated from other tents by 20 ft. Outdoor cooking that produces sparks or grease-laden vapors shall not be performed with 20 ft of a tent. LP-gas/propane tanks shall be secured and located outside the tent) Portable Generators: Will there be any portable generators at your event? Yes \_\_\_\_ No\_\_\_ Please note: If there are any portable generators on site the assigned Fire Marshal(s) are required to be there for the entire event. This does not apply to the industrial/commercial generators.

#### **CONDITIONALS OF APPROVAL**

All applications (if applicable) shall be submitted a minimum 10 business days in advance of the beginning date of the display or event.

### A pre-event inspection is required prior to the display or event.

I CERTIFY THAT ALL INFORMATION SUBMITTED IS CORRECT. I AGREE TO COMPLY WITH ALL LOCAL REGULATIONS RELATED TO FIRE PREVENTION, AND THE INTERNATONAL FIRE CODE. I HEREBY AUTHORIZE REPRESENTATIVE OF FIRE PREVENTION TO ENTER UPON THE ABOVE-MENTIONED EVENT PREMISES FOR INSPECTION PURPOSES.

APPLICANT'S PRINTED NAME:\_\_\_

SIGNATURE:\_

DATE:

Official Use Only			
Number of <i>Fire Marshal Assigned</i> :			
Name (s) of Fire Marshal Assigned:			