



Murrieta Fire & Rescue

41825 Juniper Street
Murrieta, CA 92562
(951) 304-3473 Office • (951) 677-6799 Fax



SPECIAL EVENT APPLICATION

**THIS FORM MUST BE COMPLETED AND RETURNED WITH THE CITY'S SPECIAL EVENT APPLICATION.
INCOMPLETE INFORMATION WILL RESULT IN DELAYS IN APPROVALS.**

APPLICANT INFORMATION

Applicant Name: _____ Date: _____
Company Name: _____
Phone Number: _____ 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: Start: _____ End: _____
Number of people per day: _____ Total number of people for the event: _____

Emergency Personnel:

- Emergency medical services are required to be provided by Murrieta Fire & Rescue, based on the event. All fees for this service are required to be paid within ten (10) days following the event. An alternate medical plan may be approved by Murrieta Fire & Rescue, based on the event. If an alternate medical plan is required, see attached Medical Plan Requirements information.
- A life and fire safety officer(s) is required to be provided by Murrieta Fire & Rescue based on the event. All fees for this service are required to be paid within ten (10) days following the event.

Food and Beverage: Not applicable Check all that apply

- Cooking on-site Barbeques /grill Deep fryers Ranges Woks Propane (shall be secured from tipping over)
- Alcohol being served Yes No Food truck(s)/trailer – How many _____ Other: _____
- Use of CO2 (carbon dioxide gas) cylinder(s) (shall be secured from tipping over) Applied for Health Dept. Permit

Tents: Yes No (Over 400 square feet): With sidewalls: Number of tents: _____ (Fire retardant certification is required)

Canopies: Yes No (Over 400 square feet): No sidewalls: Number of canopies: _____ (Fire retardant certification is required)

Will you be warming food in the tent or canopy: Yes No

Pop-up Booths/Canopies (less than 400 square feet): Number of booth(s)/canopies: _____ Maximum number of seven (7) 10'X10' booth(s)/canopies assembled together, requires a minimum clearance of 12 feet between each group of seven (7) booth(s)/canopies. See diagram example in the Tent and Canopy Guidelines, Page 7.

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: Small portable – How many _____ KVV _____ Large on a trailer – How many _____ KVV _____

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

Open Flame or Fire: 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 1/2" X 11" or 8 1/2" 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

Traffic Control Plan - • Indicating the route for the event, control points, road closures, check points, hydration stations, etc.

PERMIT ISSUANCE INFORMATION

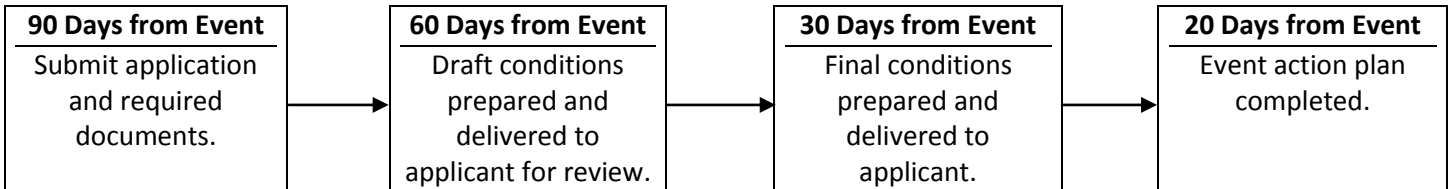
All application materials shall be submitted and approved a minimum of thirty (30) days in advance of the display or event. Additional fees may be required for multiple inspections. Failure to comply with the requirements(s) of the application and approved site map may result in an Administrative Citation with monetary fines and/or cancellation of your event. The Administrative Citation will be issued to the applicant and/or vendor of record.

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.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Required Time Frames



OFFICE USE ONLY

Emergency Medical Services Required: Yes No Number of Personnel: _____ Level of Care: EMT Paramedic

Life and Safety Officer Required: Yes No Number of Personnel: _____

Permit Required: Yes No Permit Number: _____ Inspection Required: Yes No

Approved By: _____ Denied By: _____ Date: _____