

**SAN FRANCISCO FIRE DEPARTMENT
SUPPLEMENTAL APPLICATION FOR SPECIAL EVENTS**

ADDRESS OF EVENT: _____

DATE(S) OF EVENT: _____

EVENT START TIME: _____ EVENT END TIME: _____

NAME OF EVENT: _____

EVENT SPONSOR: _____

SPONSOR ADDRESS: _____

ON-SITE CONTACT PERSON: _____ CELL PHONE: _____

NOTE: Inspector shall be at least one hour prior to start of event.

TYPES OF ACTIVITIES PROPOSED FOR EVENT

- | | | |
|--|--|---|
| <input type="radio"/> Hot food served | <input type="radio"/> Tent erected | <input type="radio"/> Generator |
| <input type="radio"/> Cooking on-site | <input type="radio"/> Tables & chairs | <input type="radio"/> Candles – Battery |
| <input type="radio"/> Sterno | <input type="radio"/> Seating only | <input type="radio"/> Flame effect |
| <input type="radio"/> Cassette Fue | <input type="radio"/> (bonded if over 200) | <input type="radio"/> Pyrotechnics |
| <input type="radio"/> Compressed Natural Gas | <input type="radio"/> Propane on-site | |
| | <input type="radio"/> Heaters | |

Maximum Number of Attendees: _____ Approved Occ. Load for Area Used: _____
(If indoors)

Caterer Name (If Applicable):	
Address:	
Contact Person:	Phone:

Please provide a brief description of activities taking place during the event:

FIRE DEPARTMENT USE ONLY:	
INSPECTION DATE:	INSPECTION TIME: