COUNTY OF LOS ANGELE FIRE DEPARTMENT
FIRE PREVENTION BUREAU SANTA CLARITA
23757 Valencia Blvd, CA 91355
(661)286-8821, FAX (661)286-1134

SPECIAL EVENT PERMIT

WITH APPROVED STAMP, PERMISSION IS HEREBY GRANTED IN ACCORDANCE WITH 105.6 CALIFORNIA FIRE CODE AND LOS ANGELES COUNTY FIRE CODE FOR THE FOLLOWING:

TO OPERATE A CARNIVAL OR SIMILAR EVENT UNDER THE FOLLOWING CONDITIONS;

1. *A letter shall be submitted to the local Fire Prevention office outlining in detail the proposed event with accompanying plot plan showing all concession stands, rides (denote gas or electric), generators, tents, fencing/barricades and exits. This is to be submitted at least 30 days prior to event.*
2. *All cooking areas shall have at least one 2A10BC fire extinguisher serviced and tagged by a licensed agent. All gas cooking appliances shall have a fuel safety shutoff device.*
3. *All commercial kitchens (food kitchens/trucks) shall have fixed extinguishing systems for hoods, ducts, cooking appliances and a K class extinguisher; these shall be serviced and tagged by a licensed agent.*
4. *Gas or diesel equipment and generators shall have at least one serviced and tagged 2A10BC fire extinguisher within 20' feet.*
5. *A field inspection will be made by the Fire Department to ensure all Fire Department requirements have been met.*
6. *Additional permits are required for the following: air supported structures or tents over 400sqft and canopies over 700sqft.*

Type of event:_____ **Estimated Peak Attendance**:_____

- ***Peak Attendance of 5,000 or more, shall invoke requirements stipulated in the Department of Health Services Mass Gathering Policy***
- ***Additional Requirements from LACoFD Homeland Security shall be implemented for specific special events as: Marathons, biathlons, or other endurance events. Political meetings, protests, or rallies High-risk events such as auto races, skydiving, and high-angle climbing events. Large events held in high heat or inclement weather and under 5,000 people.***

Location of event:_____

Dates/Times of the event:_____

Promoter's name:_____

Event contact information:_____Ph:_____

Expected attendance:_____ Expected attendance at peak time:_____

Medical services available on site?	( ) Yes	( ) No,	Number and qualification on letter
Providing security Personnel?	( ) Yes	( ) No,	Number and company name on letter
Using flammable liquids or gas?	( ) Yes	( ) No,	Amount and location state on the plan/letter
Using tents or canopies?	( ) Yes	( ) No,	Number/size shown on plan/letter, PERMIT REQUIRED
Using cooking/heating equipment?	( ) Yes	( ) No,	Show on the plan/letter
Altering access roads/exits?	( ) Yes	( ) No,	Show on the plan/letter
Using fireworks, burning or open flame?	( ) Yes	( ) No,	Show permit and license/letter
Using a temporary stage?	( ) Yes	( ) No.	

- REMARKS:_____

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Printed name Signature Date LACoFD Inspector

REVISED Oct. 2019