



*Camp Verde Fire Department*

26 W. Salt Mine Rd.  
P.O. BOX 386 • CAMP VERDE, AZ 86322-0386  
BUSINESS 567-9401 • EMERGENCY 567-4123 OR 911

**SPECIAL EVENT PERMIT APPLICATION**

**Fill Out ALL Requested Information, On BOTH Pages, PLEASE PRINT or type**

**Event Site Location**

Building or Site Name _____	
Address _____	
Town or City _____	Zip Code _____

**Applicant Information – Print or Type**

Applicant's Company Name: _____		
Contact Person: _____	Position: _____	
Address: _____		
City: _____	State: Zip: _____	E-mail: _____
Phone Number: _____	Fax: _____	_____

**Occupancy/Use of Tent**

Assembly <input type="checkbox"/> Mercantile <input type="checkbox"/> Storage <input type="checkbox"/> Other <input type="checkbox"/>	
Type of Event _____	How Many Days Is Event Running _____
Date of Event _____	Date & Time Ready For Inspection _____

**Tent Information**

<input type="checkbox"/> Single Site or <input type="checkbox"/> Multiple Sites	Tent Square Footage _____
Number of Exits _____ Occupant Load _____	Tent Fabric Fire Resistance Certificate required at inspection. _____
Tent Occupied In Hours of Darkness <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Nearest Building (10'min.) _____	20' Fire Lane Maintained <input type="checkbox"/> Yes <input type="checkbox"/> No
Site Plan Drawn to Scale <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguishers <input type="checkbox"/> Yes <input type="checkbox"/> No
Exit Signs & Emergency Lights <input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical Power Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating Appliances <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Fuel Type and Location _____	
Cooking Appliances <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Fuel Type and Location _____	
LP Gas Cylinders are at Least 5' From Tent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Arrangement of Seating <input type="checkbox"/> Chairs <input type="checkbox"/> Tables & Chairs <input type="checkbox"/> Bleachers <input type="checkbox"/> None	

**A Site Plan must be submitted showing location of tents, buildings, access and property lines of site.**

**Suspension of Permit:** Any permit issued shall become invalid if the authorized work is not commenced within six months after issuance of the permit, or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work.