



City of Salinas
SALINAS FIRE DEPARTMENT

65 W. Alisal Street • Salinas, California 93901
(831) 758-7466 • (831)758-7265 (Fax) • fireprevention@ci.salinas.ca.us

Private Property Event Permit Application

DATE OF EVENT: _____ START/ENDING TIME: _____

LOCATION OF EVENT(S): _____

PERSON OR ORGANIZATION REQUESTING PERMIT

Name: _____

Address: _____ State: _____ Zip Code _____

Telephone Number: _____ Cell Phone Number: _____

E-mail Address: _____

ON-SITE RESPONSIBLE PARTY:

Same as Above

Name: _____

Address: _____ State: _____ Zip Code _____

Telephone Number: _____ E-mail Address: _____

EVENT DESCRIPTION: (check type of event)

Dance Assembly Food Vendor Race Radio Remote/Remote Broadcast

Photo Tents over 400sq' Canopies over 700sq'

How many open flame devices? _____

Promotional/Fundraising Activity _____

Provide method and list of items to be given away

Other _____

Please highlight area to be barricaded on Site Plan. Describe how area will be barricaded.

Will tickets be sold? No Yes; *In Advance or Day of Event?* _____

Identify locations of advance sale box offices _____

Projected Attendance: _____

Will the event require:

Street Closure Traffic Detours Parking Fire Enforcement Other _____

PROPERTY OWNER CONSENT: Provide approved TULP from City of Salinas Planning Department

TULP Number: _____



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No Permit shall be issued until this Application is approved and is signed by an authorized representative of the City of Salinas Fire Department Personnel. A meeting may be required prior to approval. Please complete this Application in full and return it no later than ten (10) days prior to the proposed event. This event shall be conducted in strict accordance with all applicable local, state, and federal laws and regulations including but not limited to, the noise restrictions imposed under the Salinas City Code upon amplified sound.

A site plan must be attached to this Application. Checks should be made payable to City of Salinas.

If you have any questions, please contact Brianda Palacios, Salinas Fire Department, Prevention Division at (831)758-7466.

CERTIFICATION OF APPLICANT

I declare that I am 18 years of age or older and the information contained in the foregoing application is true and correct to the best of my knowledge. I have read, understand, and agree to abide by the rules and regulations governing Special Events under the Salinas City Code and I understand this application is made subject to the rules and regulations established by the City Council and/or the City Manager or their designee. I also understand that misrepresentation of facts will cause this Permit to be null and void. I also understand that if an emergency Fire response is generated to this event, I may be charged for the Fire services required.

I further declare that I am authorized to enter into this Application for and on behalf of myself and the organization described above.

Signature _____

Date _____

Copy of approved permit shall be made available for the fire inspector to complete. Operators at the event not named on the fire permit shall not be allowed to conduct business and may be subject to citation up to \$417.75.