



Office of the Fire Marshal

Homeland Security

Emergency Management

**Temporary Structures and Uses
 Application for Construction / Operational Permit**

Event / Project Name: _____
 Address: _____
 Submitting Company Name: _____
 Address: _____
 Contact: _____
 Phone: _____ Alt. Phone: _____ Fax: _____

Permit Information

<input type="checkbox"/> Construction	<input type="checkbox"/> Operational	<input type="checkbox"/> Site Plans (Survey or GIS)
<input type="checkbox"/> New Site	<input type="checkbox"/> Existing Site	<input type="checkbox"/> Addition to an Existing Site

Structure Type

<input type="checkbox"/> Construction Site Office	<input type="checkbox"/> Temporary Structure	<input type="checkbox"/> Special Amusement
<input type="checkbox"/> Temporary Membrane	<input type="checkbox"/> Temporary Tent	<input type="checkbox"/> Temporary Canopy
<input type="checkbox"/> Kiosks	<input type="checkbox"/> Outdoor Fireworks Stand	<input type="checkbox"/> Indoor Fireworks Stand

Event Type

<input type="checkbox"/> Fireworks Display/Show	<input type="checkbox"/> Assembly
<input type="checkbox"/> Vending & Trade	<input type="checkbox"/> Medical/Health Care
<input type="checkbox"/> Carnival/Fairs/Festivals	<input type="checkbox"/> Mercantile/Business
<input type="checkbox"/> Educational	<input type="checkbox"/> Mixed / Other _____

Duration of Event and/or Use: _____ Start Date: _____ End Date: _____

Mass Gathering Event: Yes No

If above is yes, proof of compliance with Health & Safety Code – Chapter 751 Mass Gatherings. Information and a copy of the event application to the County must be provided.

Promoter/Sponsors: Individual Group Firm/Corporation/Partnership Association

Applicant is the Owner of the Property: Yes No

If above is "No" a letter of approval from property owner will be required including contact information.

List any special features or conditions:

Applicant verifies that he/she has signed this application in the capacity designated, if any, and further attests that he/she has read this document, and that the statements contained herein and any attachments are true, accurate and factual.

 Applicant Signature Title Date

To be completed by County Office

Permit Number: _____

First Submission Second Submission

Fees Paid: Yes No

Received by: _____
 Date: _____
 Time: _____