

SPECIAL EVENTS PERMIT

Application Date: _____ Date(s) of Event: _____

Event Organizer: _____ Contact #: _____

Permit Type:

Carnival Fair Play Bonfire Concert Pyrotechnics (Fireworks) Other

Facility Name: _____

Principal: _____

Property Address: _____

Tent(s)/Booth(s): _____

Are open flame devices being used? Yes No

Site Plan Attached? N/A Yes No

Description of Event: _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Phone Number: _____

Proof of Liability Insurance: _____

I hereby certify that I have read and examined this permit and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provision of any state or local law regulating construction or the performance of construction.

Printed Name

Signature of Authorized Principal/Agent

Date

*** DO NOT COMPLETE FORM BELOW THIS AREA ***

Conditions: _____

District Fire Inspector: _____ District Fire Inspector: _____
(please print) (Signature)

Permit Approved: _____ Permit Disapproved: _____
(Initial) (Initial) Date

* Scan this form and forward to the Pasco County School Board Fire Official Tom Rutledge at trutledg@pasco.k12.fl.us