



FIRE DEPARTMENT SANTA CLARA COUNTY

14700 Winchester Blvd., Los Gatos, CA. 95032-1818
(408) 378-4010 • (408) 378-9342 (fax) • www.sccfd.org



HAUNTED HOUSE / GHOST WALK EVENT APPLICATION FORM

1. EVENT INFORMATION

Address of event: _____

Date of setup: _____ Date of teardown: _____

Date(s) open to public: _____ through _____

Hours of operation: _____

2. CONTACT INFORMATION

Name(s): _____

Phone(s): _____

Mailing address: _____

3. OTHER:

A. Description of special effects, including sound, theatrical smoke, lighting (i.e., strobes) and all other effects:

B. Description of decorations and/or wall coverings being used. Provide documentation for the fire-retardant treated materials being proposed or provide a sample of the material for a flame test.

C. Provide the following information in accordance with the Haunted House Standard:

1. Site plan for the event
2. Complete floor plan of event area
3. Fire Evacuation Plan
4. Fire Safety Plan
5. Fire protection and detection systems (if applicable)

SD&S SI-4/DM:dh/10/8/2009