



SANTA CLARA COUNTY FIRE DEPARTMENT

1315 Dell Avenue, Campbell, CA 95008 | (408) 378-4010 | 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 Number(s): _____

Email Address: _____

Mailing Address: _____

3. OTHER:

A. Description of special effects, including sound, theatrical smoke, lighting (e.g. 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).