



SANTA CLARA COUNTY FIRE DEPARTMENT

1315 Dell Avenue, Campbell, CA 95008 | (408) 378-4010 | SCCFD.org

SPECIAL EVENT/TENT APPLICATION

Santa Clara County Fire Department / Fire Prevention Office

1315 Dell Avenue, Campbell, CA 95008 • Phone: 408.378.4420 • Email: prevention@sccfd.org

EVENT COORDINATOR INFORMATION:

Promotion/Company Name: _____ Office Contact: _____
Mailing Address: _____ City: _____ Zip: _____
E-mail: _____ Phone: _____
On-Site Coordinator: _____ Cell Phone: _____

Requested Site Inspection Date: _____ Time: _____

*Please contact us if, upon receipt of approved plans, you do not have a scheduled inspection date & time.

EVENT INFORMATION:

Name of Event: _____
Date(s) of Event: _____ Hours of Operation: _____
Event Description: _____
Address: _____ City: _____ Zip: _____
Cross Street: _____ Bldg Name: _____ Bldg #: _____
Total Number of People Anticipated: _____ Maximum Number of People at One Time: _____

POWER & COOKING:

Source of Power: On-Site Power Generator ❖ If yes, type of fuel & amount on-site: _____
Number of Booths: Cooking _____ Non-Cooking _____ Number of Food Trucks: _____
Cooking (prepared how?): Deep Fry BBQ Open Flame Other: _____
Open Flames (other than for cooking) YES NO Outdoor Heaters? YES NO (Indicate location on site plane)

ENTERTAINMENT:

Type of Entertainment: _____ Stage? YES NO
Fireworks or Special Effects: YES NO ❖ If yes, must submit a separate Fireworks Application

TENT INFORMATION: Will there be Tents? YES NO Heating? Electric Propane None

Date Tent(s) Set Up: _____ Date Tent(s) Taken Down: _____

#	SIZE	USE	#	SIZE	USE	#	SIZE	USE

Supplier/Tent Company Name: _____ Office Contact: _____
Mailing Address: _____ City: _____ Zip: _____
E-mail: _____ Phone: _____
On-Site Contact: _____ Cell Phone: _____
Workers Comp. Insurance Policy #: _____ Company: _____

I/We agree to comply with local ordinances and state laws, including CCR Title 19.

I/We agree to save, indemnify, and hold harmless the Santa Clara County Fire Department (SCCFD), against liabilities, judgments, costs and expenses that may in any way accrue against SCCFD in consequence of granting this permit.

Applicant Signature: _____ Print Name: _____ Date: _____

Amount Paid: _____ Date Paid: _____ Staff Initials: _____ Plan Check # _____