



# Lathrop-Manteca Fire Protection District

19001 Somerston Parkway, Lathrop, California 95330

• (209) 941-5100 • Fax (209) 941-5115 • [www.lmfire.org](http://www.lmfire.org) •

## Application for Special Event Permit

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Event/Site Information:

Name of Event: \_\_\_\_\_

Event Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ End Date: \_\_\_\_\_ Time: \_\_\_\_\_

Set up Date: \_\_\_\_\_ Time: \_\_\_\_\_ Set up Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(A site inspection will be required prior to start of event) (Completed)

Site Location: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Applicant Information:

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Please check any items that will be present and provide as much detail as possible:  
(please ensure that a site map is included with reference to any checked items below along with entry/exit(s).)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Tents and Canopies           | <input type="checkbox"/> Flammables or Combustibles | <input type="checkbox"/> Amusement Structures |
| <input type="checkbox"/> larger than 20x20ft          | <input type="checkbox"/> BBQ Grills/Stoves          | <input type="checkbox"/> Carnival Ride(s)     |
| <input type="checkbox"/> provided by a Rental Company | <input type="checkbox"/> Propane Operated           | ____ Quantity of Rides                        |
| ____ Total Number of Tents/Canopies                   | <input type="checkbox"/> Wood Burning               | <input type="checkbox"/> Other _____          |

*Details regarding the above request must be filed when application is made and whenever requested by the Fire Marshal. It is the applicant's responsibility to ensure that conditions are in accordance with applicable State and Local fire regulations.*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

### FOR DEPARTMENT USE ONLY

OCCUPANCY ID: \_\_\_\_\_

Date Received: \_\_\_\_\_

Site Map provided: \_\_\_\_\_

Invoice No.: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Fee(s) Due: \$ \_\_\_\_\_

Paid - Receipt No. \_\_\_\_\_

**LMFD INSPECTOR**