

Jackson County Fire District 3

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White City, OR 97503-1075
(541) 826-7100 (Office)
(541) 826-4566 (Fax)
www.jcfd3.com



Fire Marshal's Office

Permit Application No. _____

Fire Safety Application and Permit

(Authority: OFC Section 105)

Name of business / Responsible party _____

E-mail address & fax #, if available _____

Location where inspection is to be made _____

Contact person _____ Phone _____ Address _____

Dates of event _____ to _____ Event begins at: _____ am/pm

Earliest time setup will be completed and ready for inspection _____

Thorough Description of Event (required) _____

Will decorative materials be used? yes no Will cooking occur inside? yes no
Will fuel fired equipment be used inside? yes no Will any open flame be used inside? yes no

Select the type of permit (Submit the application and attachments to our office or fax them.)

- 1. Carnivals, Fairs (105.6.4)
- 2. Amusement building (105.6.2)
- 3. Exhibit or Trade Show (105.6.13)
- 4. Tent, Canopy or Temporary Membrane Structure (105.6.43)
- 5. Pyrotechnical Special Effects (entertainment show) (105.6.36)
- 6. Firework show, public display (105.6.B)
- 7. Fire Dance (105.6.33)

Permits 1, 4, and 6 require both a site plan and floor plans. (Please attach or draw on back)

Permits 2, 3, 4, 5 and 7 require only a floor plan. (Please attach or draw on back)

Floor Plan: show exit aisles and width, location of exits, size-type-location of fire extinguishers, size and location of vendor booths, location of pyrotechnics.

Site Plan: show distance of tents or fireworks display to buildings, grandstands, property lines, roads, show width and location of fire vehicle access roads.

Notice: Event set-up may begin after the application and plans are approved. A fire inspection of the premises may be conducted after set-up. Deficiencies shall be corrected **prior to opening** to the public. Failure to make required corrections prior to opening may result in revocation of this permit, citation and possible closure of the event.

I understand the requirements pertinent to this permit and agree to abide by them. I further understand that the violation of these requirements shall result in the revocation of this permit.

Signature: _____ **Date:** _____

Below this line, for office use only.

Floor plan and application reviewed by _____ Phone _____

Approved _____ Denied _____ Date _____

Reviewers Comments: _____

Inspected by: _____ Permit Number _____ Approved _____ Denied _____ Date _____

This document will serve as the Permit. It shall remain on-site for the duration of the event dates.