



SPECIAL EVENT REQUEST PERMIT FOR FIRE/SAFETY COMPLIANCE

(Please fill out electronically and e-mail to: asufire@asu.edu or fax 480-965-0736)

EVENT REQUESTOR INFORMATION

Today's Date:	Event Name:		
Requestor Name / Title:			
Phone Numbers:		E-mail:	
Affiliation with ASU:			
ASU Event Coordinator:		Phone #'s:	Email:
Date(s) of Event:		Event Operational Hours:	
Location(s) of Event:			

EVENT DESCRIPTION

Please check all boxes that apply and include a brief description of what each category will be using for event purposes.

- Cooking: _____
- Alcohol: _____
- Elect./Generator Pwr. Distribution: _____
- Temporary Structures (Tents, Canopies, Trailers, Stages, Platforms, etc.): _____
- Fireworks/Pyrotechnics: _____
- Open Flames or Hotwork (including Candles, Welding, Torches, etc.): _____
- Hazardous Materials: _____
- Pressurized Cylinders: _____
- Propane / Flammable Combustible Gasses: _____
- Barricades: _____
- Interactive Games: _____

Enter a brief description of the event that is to take place or state "See Attached" and provide all attachments (include layout drawing and timelines of set-up/tear down), Certificate of Insurance, Vendor Contact Information, Anticipated Attendance, etc.:

UNIVERSITY FIRE MARSHAL'S OFFICE ENTRY ONLY

Permit #: _____

Approval Stipulations (or Disapproval Stipulations):

Signature of Reviewer: _____

Date: _____

FIRE MARSHAL'S OFFICE STAMP AREA

PAYMENT / FEES ENTRY AREA

Payment Received By: _____

Date:	Amount: \$	
Cash	Check	Check #:

NOTE: FAILURE TO PROVIDE ALL REQUESTED INFORMATION ON THIS APPLICATION ACCURATELY AND COMPLETELY WILL RESULT IN THE PERMIT APPLICATION BEING REJECTED, ANY AFFILIATE AND OR STUDENTS ARE REQUIRED TO HAVE AN ASU EVENT COORDINATOR AS THEIR SPONSOR PRIOR TO REQUESTING A PERMIT.