



City of Chesapeake

Chesapeake Fire Department
Office of the Fire Marshal
304 Albemarle Drive
Chesapeake, VA. 23322
757-382-6566 (Office)
757-382-8313 (Fax)

The following Application is for a Fire Code Special Event Permit. It will also assist with complying with the requirements of the Virginia Statewide Fire Prevention Code (SFPC) for completing a Fire Evacuation, Fire Safety and Public Safety Plan. These plans are required in Sections 403 and 404 of the SFPC. **The application MUST be received by the Fire Marshal's Office at least 30 days prior to the scheduled event.**

An operational permit is required to conduct a pre-planned activity with an anticipated attendance number of five hundred (500) or more persons that is open to the public, or, charges admission, or, is outside of the general scope of a presently issued Fire Code Operational Permit for the occupancy. Additional Fire Permits are required for Tents (over 900 square feet or occupancy over 50 people), Air Supported, Air Inflated or Tensioned Membrane Structures, Carnivals, Fairs, Amusement Buildings, Exhibits or Trade Shows, the use of LP Gas, Liquid or gas fueled vehicles or equipment in assembly buildings, etc. There is a \$50.00 charge for each permit.

If you are a certified Non-Profit (501(c)(3) certified) or a Charity Organization, your permit fee for **the event permit** will be waived. You must submit a copy of your 501(c)(3) certification for this waiver. A fee will be charged for additional required operational permits. You will be billed by the Chesapeake Treasurer for the permit(s). The permit applicant will be responsible for all **overtime** cost for the presence of Fire Marshals. The **overtime** cost per person for Fire Marshals is a flat rate of **\$45.00 per hour**. If the event occurs during regular working hours, Monday – Friday 0800 – 1700 hours, there will be no charge for their presence. The applicant will be billed at the conclusion of the event for the total **overtime** cost after approval of the Fire Chief or his designee.

ALL Fields of the application must be completed. Each requirement must be addressed. If the requirement does not apply the "N/A" box must be checked. If the information is contained on an attached sketch, check the box indicating, "See Attached Sketch". The application MUST be received at least 30 days prior to the scheduled event.

*** A Sketch or diagram is required to be submitted for the event. This document must include a detail listing of the contents for the event. The document must also include distances and measurements of the venue. The document does not have to be to scale, however, it must clearly illustrate an overview of the event. If there are restricted areas for assembly (seating or standing), detailed measurements must be provided so a capacity can be determined. All rooms or spaces must have a posted capacity for the space. This capacity must be posted at the main entrance of each room or space. **These measurements must include aisle and exit way widths, entrance/exit widths, etc.**

An inspection of your event will be conducted by personnel from the Fire Marshal's Office. This inspection normally occurs approximately two (2) hours before the start of your event, unless other arrangements have been made. For dance and entertainment type events, the inspection will be conducted as noted in the Fire Permit.

*****Once you have completed the document, please "SAVE AS" and title is as the name of your event. The document can be emailed for submission. Any sketches or diagrams may be attached in a PDF document.**

For additional information please contact the Chesapeake Fire Prevention Office at 757-382-6469 or at sjstahler@cityofchesapeake.net

Name of Event:

Location of Event:

Date(s) and Time(s) of Event:

Estimated TOTAL number of people expected at event:

Name of Business applying for permit:

Billing Address of Business applying for permit:

Name of Event Coordinator:

Contact Phone Number:

Contact person that will be on site to make command decisions about event in the event of an emergency:

On site Contact Phone Number:

Person completing application:

Contact Phone Number:

E-mail address:

Date of Application:

Please answer each question:

	YES	NO
Are you a Non-Profit (501(c)(3) certified) Organization? ***You must provide a copy of your certification for waiver of the event permit fee***	<input type="checkbox"/>	<input type="checkbox"/>
Is a copy of your 501(c)(3) certification attached?	<input type="checkbox"/>	<input type="checkbox"/>
Will an admission be charged?	<input type="checkbox"/>	<input type="checkbox"/>
Will solicitations or donations be collected or made?	<input type="checkbox"/>	<input type="checkbox"/>
Will goods or services be sold? (*If YES, A complete list and contact information for each vendor must be submitted with the event application)	<input type="checkbox"/>	<input type="checkbox"/>
Will food be served to the general public? (*If YES, A complete list and contact information for each food vendor must be submitted with the event application)	<input type="checkbox"/>	<input type="checkbox"/>
Will food be cooked on-site?	<input type="checkbox"/>	<input type="checkbox"/>
Will candles or other flame devices be used? (*If YES, explain in detail below. Be advised open flames are not normally permitted inside buildings.)	<input type="checkbox"/>	<input type="checkbox"/>
Will LP Gas (propane) be used on site?	<input type="checkbox"/>	<input type="checkbox"/>
Will Liquid or gas fueled vehicles or equipment be inside of building?	<input type="checkbox"/>	<input type="checkbox"/>
Will fireworks, pyrotechnic materials or explosives be used?	<input type="checkbox"/>	<input type="checkbox"/>
Will tents over 900 sq. ft. or having an occupant load of over 50 people be erected?	<input type="checkbox"/>	<input type="checkbox"/>
Will carnival, amusements, or pony rides be used?	<input type="checkbox"/>	<input type="checkbox"/>
Will attendance be 500 or more people?	<input type="checkbox"/>	<input type="checkbox"/>
Will attendance be 1000 or more people?	<input type="checkbox"/>	<input type="checkbox"/>
Will alcohol be sold or served? (special permission is required for City facilities)	<input type="checkbox"/>	<input type="checkbox"/>
Will scaffolding/staging or bleachers be erected?	<input type="checkbox"/>	<input type="checkbox"/>
Will outdoor amplified sound be played?	<input type="checkbox"/>	<input type="checkbox"/>
Will road closures be necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Are you planning to utilize a City operated park?	<input type="checkbox"/>	<input type="checkbox"/>
Are you planning to utilize a Chesapeake Library?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a complete description of your event. This description should include all types of the activities that will be taking place at your event (i.e. dance with live music or DJ, outdoor vendors with live entertainment, etc.)

SFPC 404.3.1 Fire evacuation plans.

Fire evacuation plans shall include the following:

- 1. Emergency egress or escape routes and whether evacuation of the building is to be complete or, where approved, by selected floors or areas only.**

N/A

- 2. Procedures for employees who must remain to operate critical equipment before evacuating.**

N/A

- 3. Procedures for assisted rescue for persons unable to use the general means of egress unassisted.**

N/A

- 4. Procedures for accounting for employees and occupants after evacuation has been completed.**

- 5. Identification and assignment of personnel responsible for rescue or emergency medical aid.**

- 6. The preferred and any alternative means of notifying occupants of a fire or emergency.**

- 7. The preferred and any alternative means of reporting fires and other emergencies to the fire department or designated emergency response organization.**

- 8. A description of the emergency voice/alarm communication system alert tone and preprogrammed voice messages, where provided.**

N/A

SFPC 404.3.2 Fire safety plans.

Fire safety plans shall include the following:

1. The procedure for reporting a fire or other emergency.

2. The life safety strategy and procedures for notifying, relocating or evacuating occupants, including occupants who need assistance.

3. Site plans indicating the following:

3.1. The occupancy assembly point.

See Attached Sketch

3.2. The locations of fire hydrants.

See Attached Sketch

3.3. The normal routes of fire department vehicle access.

See Attached Sketch

4. Floor plans identifying the locations of the following:

4.1. Exits or Exit ways

See Attached Sketch

4.2. Primary evacuation routes.

See Attached Sketch

4.3. Secondary evacuation routes.

See Attached Sketch

4.4. Accessible egress routes.

See Attached Sketch

4.5. Areas of refuge.

N/A

See Attached Sketch

4.6. Exterior areas for assisted rescue.

N/A

See Attached Sketch

4.7. Manual fire alarm boxes.

N/A

See Attached Sketch

4.8. Portable fire extinguishers.

See Attached Sketch

4.9. Occupant-use hose stations.

N/A

See Attached Sketch

4.10. Fire alarm annunciators and controls.

N/A

See Attached Sketch

5. A list of major fire hazards associated with the normal use and occupancy of the premises, including maintenance and housekeeping procedures.

7. Identification and assignment of personnel responsible for maintenance, housekeeping and controlling fuel hazard sources.

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The document may be drawn or inserted below, or attached in another document as part of the application.

For events with over 1000 people expected, a Public Safety Plan is required. If your event will NOT have over 1000 people, a Public Safety Plan is NOT required and you may end your application here (unless instructed otherwise).

SFPC 403.2 Public safety plan.

In other than Group A or E occupancies, where the fire code official determines that an indoor or outdoor gathering of persons has an adverse impact on public safety through diminished access to buildings, structures, fire hydrants and fire apparatus access roads or where such gatherings adversely affect public safety services of any kind, the fire code official shall have the authority to order the development of, or prescribe a plan for, the provision of an approved level of public safety.

SFPC 403.2.1 Contents.

The public safety plan, where required by Section 403.2, shall address such items as emergency vehicle ingress and egress, fire protection, emergency medical services, public assembly areas and the directing of both attendees and vehicles (including the parking of vehicles), vendor and food concession distribution, and the need for the presence of law enforcement, and fire and emergency medical services personnel at the event.

Describe in detail, a plan that will address items including, emergency vehicle ingress and egress, fire protection, emergency medical services, public assembly areas and the directing of both attendees and vehicles (including the parking of vehicles), vendor and food concession distribution, and the need for the presence of law enforcement, and fire and emergency medical services personnel at the event.

(Be advised requirements for all vendors, and food concessions must be followed and compliance of the code for all vendors and food concessions is a condition of all permits)**

If Police, Sheriff, Private Security, Fire Marshal, Fire Suppression, Emergency Medical Services, Private Medical Services are required or are going to be present at the event, provide the following information for each agency:

POLICE		NAME OF AGENCY:		
CONTACT PERSON:				
TELEPHONE NUMBERS:	Office:		Cell:	
NUMBER OF PERSONNEL TO BE PROVIDED:				

SHERIFF		NAME OF AGENCY:		
CONTACT PERSON:				
TELEPHONE NUMBERS:	Office:		Cell:	
NUMBER OF PERSONNEL TO BE PROVIDED:				

PRIVATE SECURITY		NAME OF AGENCY:		
CONTACT PERSON:				
ADDRESS OF COMPANY:				
DCJS# OF COMPANY:				
TELEPHONE NUMBERS:	Office:		Cell:	
TOTAL NUMBER OF PERSONNEL TO BE PROVIDED:				
NUMBER OF ARMED PERSONNEL:		NUMBER OF UNARMED PERSONNEL:		

FIRE MARSHAL		NAME OF AGENCY:		
CONTACT PERSON:				
TELEPHONE NUMBERS:	Office:		Cell:	
NUMBER OF PERSONNEL TO BE PROVIDED:				

FIRE SUPPRESSION		NAME OF AGENCY:		
CONTACT PERSON:				
TELEPHONE NUMBERS:	Office:		Cell:	
NUMBER OF PERSONNEL TO BE PROVIDED:				

EMERGENCY MEDICAL SERVICES		NAME OF AGENCY:		
CONTACT PERSON:				
TELEPHONE NUMBERS:	Office:		Cell:	
NUMBER OF PERSONNEL TO BE PROVIDED:				

PRIVATE MEDICAL SERVICES		NAME OF AGENCY:		
CONTACT PERSON:				
ADDRESS OF COMPANY:				
TELEPHONE NUMBERS:	Office:		Cell:	
NUMBER OF PERSONNEL TO BE PROVIDED:				