

# APPLICATION FOR PERMIT/SPECIAL EVENT

**DETROIT FIRE DEPARTMENT  
FIRE MARSHAL DIVISION**  
1301 Third Street, Detroit, Michigan 48226  
Phone: 313-596-2931 Fax: 313-596-2978

For Office Use Only

Fee Paid: \_\_\_\_\_  
IRC Approval: \_\_\_\_\_  
B&SE C/O: \_\_\_\_\_  
C/A: \_\_\_\_\_  
App. #: \_\_\_\_\_ Permit #: \_\_\_\_\_

**PLEASE TYPE OR PRINT LEGIBLY:**

1. Applicant Name: \_\_\_\_\_ Position: \_\_\_\_\_
2. Business/Company Name: \_\_\_\_\_
3. Business Address: \_\_\_\_\_
4. Office Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Site (Permit Location) Address: \_\_\_\_\_
6. Site Operational Building (square feet): \_\_\_\_\_
7. Names and addresses (no P.O. Box) of all principals and/or persons responsible for the special event. \_\_\_\_\_  
\_\_\_\_\_
8. Provide detail sheets for special effects (fireworks, pyrotechnics, live burns, etc.):  
\_\_\_\_\_
9. On a separate sheet, describe, with specificity, the special event/activity at Site and submit a Site Plan.
10. On a separate sheet, provide the details of any safety precautions taken or Fire/Police equipment needed.
11. Attach plans/drawings detailing where and how hazardous materials will be stored on the premises.
12. Attach a current copy of the certificate of insurance/bond for the business operations of the entity requesting this permit.

**AFFIDAVIT OF APPLICANT**

State of Michigan )  
County of \_\_\_\_\_) ss

\_\_\_\_\_ first being duly sworn deposes and says that all of the information provided to the City of Detroit on this application is true, complete and correct, and that any misstatement, falsification, omission, or misrepresentation shall be grounds for refusal of the permit or revocation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Print Name: \_\_\_\_\_, Notary Public, \_\_\_\_\_ County

My Commission expires: \_\_\_\_\_