



APPLICATION FOR FIRE SPECIAL USE PERMIT

Business Name: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Name and Title of Person making Application: _____

Area Code & Telephone Number (s): (____) _____ (____) _____

Date(s) Requested for Permit: _____

Specify the event and/or purpose of a Special Use Permit: _____

Location of Event: _____

PLEASE INDICATE THE TYPE OF USE PERMIT APPLIED FOR: (CHECK ONLY ONE)

- | | |
|---|--|
| <input type="checkbox"/> Exhibit and Trade Shows | <input type="checkbox"/> Tent, Structure or Stand for Firework Sales – 7 days |
| <input type="checkbox"/> Festivals (Fairs, Carnivals, etc.) | <input type="checkbox"/> Tent, Structure or Stand for Firework Sales – 21 days |
| <input type="checkbox"/> Tent or Air Supported Structure(s)
(Please select type below) | <input type="checkbox"/> Special Amusement Building |
| <input type="checkbox"/> Air Supported Structure (Greater than 400 sq. ft.) | <input type="checkbox"/> Fumigation or Thermal Insecticidal Fogging |
| <input type="checkbox"/> Tent with walls (Greater than 800 sq. ft.) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tent without walls (Greater than 1,800 sq. ft.) | |

Additional information may be required. Please contact the Monroe Fire Department Fire Marshal at 704-282-4706 for information.

These answers have been given to the best of my ability and knowledge. I hereby understand that any answers deliberately falsified or misrepresented shall be justification for revocation for the Special Use Permit.

By signing and submitting this document, I agree that all signatures where required may be Electronically Signed by either party, pursuant to NCGS 66-315(b).

Signature

Title

Date

Return To:

**City of Monroe
Permit Center
300 West Crowell Street
Monroe, North Carolina 28112
Telephone: 704-282-4524**