



CASCADE LOCKS FIRE & EMS Fire Marshal's Office

140 Wa-Na-Pa St. / P.O.BOX 308 CASCADE LOCKS OR 97014

Phone: 541-374-8510

Fax 541-374-8152

PERMIT APPLICATION FOR PYROTECHNIC / SPECIAL EFFECTS

**FOR: Concerts
Movies
School Plays
Theatrical Productions, etc.**

<u>FOR FIRE DEPT USE ONLY</u>	
PERMIT # _____	AMT. SUBMITTED WITH APPLICATION \$ _____
DATE REC'D. _____	CASH / CHECK # _____
RECEIPT # _____	REC'D FROM _____
PFI # _____	_____
BLDG. KEY # _____	CODES _____
	OCC. LOAD _____

Complete this form and submit with payment and one completed floor plan drawn to scale for the event.

- If floor plan is larger than 11" x 17", submit two copies.
- Plans will not be reviewed without all submittal criteria.
- A **permit fee** of **\$50.00** is required, **\$100** for water based displays.
 - Make check payable to "City of Cascade Locks Fire. Permits will be issued after payment is received and the plan review has been completed.
- Include a completed Pyrotechnics Application from the State Fire Marshal's Office
 - Include a separate check for **\$50.00** payable to "Office of the State Fire Marshal".
- Provide a Certificate of Liability Insurance for a minimum of \$1,000,000, which additionally insures the City of Cascade Locks, its officers, agents and employees.

NOTE: Complete packet must be received at least SEVEN calendar days prior to the event.
Any permit request packet received after deadline will be charged double fees.

Name of Event or Movie: _____

Facility Name: _____ Facility Address: _____

Facility Contact: _____ Phone: _____ Fax: _____

Date(s) of Event: _____ to _____ Opening and Closing Time(s) of Event: _____ to _____

Date(s) of Special Effects _____ to _____ Time(s) Special Effects will be used: _____ to _____

Applicant _____ Phone: _____ Fax: _____

Applicant Address _____

Contact at Event: _____ Phone: _____ Fax: _____

Name of Special Effects Operator: _____ Phone: _____

Name of Asst. Operator(s): _____ Phone: _____

Thank you for your submittal. We will contact you if there are any questions regarding your permit.

Signature of Person Completing Form PRINT Name of Person Completing Form Date

Signature of Approving Inspector PRINT Name of Approving Inspector Date