

Temporary Fire Marshal Permit Application

Building Use <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	Application Number: PRTFM20 _____
Location Information (A separate permit is required for each location)	
Business/Tenant Name _____	
Location Address _____ Unit/Suite _____	
City _____ State _____ Zip _____	
Owner Name _____ Contact Phone (____) ____ - _____	
Applicant Information	
Applicant Name _____ Contact Phone (____) ____ - _____	
Address _____	
City _____ State _____ Zip _____	
E-mail Address _____	
Event Information Start Date ____/____/____ End Date ____/____/____	
Description of Event _____	
Event Manager's Name _____ Contact Phone (____) ____ - _____	
Event Type	
<input type="checkbox"/> Christmas Tree Lot (attach site plan)	
<input type="checkbox"/> Fireworks (attach all of the following)	
<ul style="list-style-type: none"> • Site Map showing location of devices and drop zone • Bond or Certificate of Liability Insurance • Contractor and Operator License (MN Department of Public Safety Certificate) • List of Devices (types of special effects, fireworks, quantity and shell size) 	
<input type="checkbox"/> Motor Vehicle (attach site plan)	
Vehicle 1 - Location _____ Description _____	
Vehicle 2 - Location _____ Description _____	
Vehicle 3 - Location _____ Description _____	
Vehicle 4 - Location _____ Description _____	
More than 4 vehicles, give location & description of each _____	
<input type="checkbox"/> Special Event - e.g. carnival, animal zoo, race events, concerts (attach site map and floor plan)	
Describe _____	
<p>I hereby apply for a temporary fire marshal permit and I acknowledge the information above is complete and accurate; the work will be in conformance with the ordinances and codes of the City of Bloomington and with the Minnesota Building and Fire Codes; I understand this is not a permit but only an application for a permit and work is not to start without a permit; the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.</p>	
Applicant Signature _____ Date Approved ____/____/____	

Continue to page 2

THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT STAFF ONLY

Are there Planning Conditions? Y / N

Is a Special Event License required? Y / N

Reviews Required Env. Health Temporary Heat Tank Electrical

Permits Required Env. Health Mechanical/HVAC Tank Electrical

Additional Requirements Fire Extinguishers Site Map Liability Insurance

Fire Inspector Standby Floor Map Bond

Conditions of Issuance _____

Handouts and Information Sheets included with issuance (check all that apply):

Motor Vehicle Exhibition Info Sheet Fireworks Code Checklist Christmas Tree Lot Info Sheet

Fire Inspector Approval _____ **Date Approved** ____ / ____ / ____