



Osceola County Department of Fire Rescue and Emergency Medical Services

Life Safety Management - Fire Plans Review & Permits Section
1 Courthouse Square, Kissimmee, FL 34741
Phone: 407-742-7000 Fax: 407-742-0203

Permit Application for Special Events

(Permit Fee Of \$175 Is Not Refundable Once the Application Has Been Processed)

(Application Package shall include detailed Site and/or Floor Plans with Material/Product Specs per Fire Marshals Special Event Guidelines)

All plans, product data & Fees payment shall be submitted within a minimum of 21 days prior to the event, or additional fees may apply.

Date: _____

Fire Dept. Permit #: _____
(Fire Dept. use only)

New Permit <input type="checkbox"/>	Correction to a Permit <input type="checkbox"/>	Revision to a Permit <input type="checkbox"/>
Trade Show Exhibits: Yes <input type="checkbox"/> NO <input type="checkbox"/>	Theme Party: Yes <input type="checkbox"/> NO <input type="checkbox"/>	Conference Assembly: Yes <input type="checkbox"/> NO <input type="checkbox"/>
Are Open Flame Devices Being Used? (OSCFR-OFM Requires A Fire Department Fire Watch For Such Events) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Corrections Or Revisions Please Enter The Permit Number & Date Of The Original Submission Here	Permit #:	Date:

Note: Corrections occur when a permit has been rejected & revisions occur when changes are made after a permit has been issued!

Name of Event:
Name of Facility:
Address of Facility:
Name of ballroom or halls being utilized:
Facility Contact Persons Name:
Facility Contact Persons Phone #: _____ E-Mail: _____
Applicant/Decorating Co. Name:
Applicant/Decorating Co. Address:
Applicant/Account Executive's Name:
Applicant/Account Executive's Phone #: _____ E-Mail: _____

Additional Fees: (\$110) Required For Corrections Or Revisions! (\$150) After Hour Inspection/Fire Watch Fee. 3 Hour Minimum @ \$50/hr.

Multi-Level Booth: Yes <input type="checkbox"/> NO <input type="checkbox"/>	Covered Booth: Yes <input type="checkbox"/> NO <input type="checkbox"/>	Stage(s): Yes <input type="checkbox"/> NO <input type="checkbox"/>	Vehicle(s): Yes <input type="checkbox"/> NO <input type="checkbox"/>
Other:			
Set Up Date	From:	To:	
Show Date	From:	To:	
Number of Booths:	Size of Booths:	Booth Construction Pipe/Drape: <input type="checkbox"/> Send fire resistant certificate with application & floor plans.	Booth Construction Other: <input type="checkbox"/>
If other please describe:			
Permit Number (Required for i.e., Tents, Pyrotechnics/Flame FX, etc.):			
Facility/Show Manager's Signature:			

-----Office of the Fire Marshal Use Only: -----

Reviewers Signature	Date:
Fire Inspector and/or Fire Operations Standby Required (Based on information disclosed on Application)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> PLANS APPROVED	<input type="checkbox"/> PENDING
<input type="checkbox"/> Corrections Needed	<input type="checkbox"/> FINAL INSPECTION APPROVAL
Inspector/Reviewer Comments:	Date:

NOTE: IF THE PERMIT IS TO BE MAILED, PLEASE PROVIDE A STAMPED SELF ADDRESSED ENVELOPE.

Special Events Permit Application