



FIRE CODE PERMIT

SPECIAL OCCASION APPLICATION

Yakima County Public Services—Building & Fire Safety

128 North Second Street Fourth Floor Courthouse Yakima, Washington 98901

(509) 574-2300 • 1-800-572-7354 • FAX (509) 574-2301 • www.co.yakima.wa.us



Your application must be submitted a minimum of 2 weeks prior to the proposed date to allow time to process.

Submittal Requirements:

- Please provide a Detailed Site Plan showing the entire parcel, location of the existing structures, location of all tents/temporary structures and distances between all tents and structures, location of the driveway for ingress/egress of emergency vehicles, location of fire extinguishers, location of on-site and off-site parking for attendees and merchants, etc. This site plan cannot be an aerial photo and must be hand/computer drawn on no larger than 11x17 size paper (per Yakima County Requirements) .

Choose all event types below that pertain to your event:

<input type="checkbox"/> Open to the Public	<input type="checkbox"/> Private Event	<input type="checkbox"/> Ticketed Event	<input type="checkbox"/> One-Time Event
<input type="checkbox"/> Recurring/Annual	<input type="checkbox"/> Concert	<input type="checkbox"/> Pyrotechnics	<input type="checkbox"/> Fire Performance
<input type="checkbox"/> Other: _____			

Event Information:

How many people, including employees, are scheduled to attend the event? _____

Number of Crowd Managers? _____

Number of seating (chairs and/or benches)? _____

Will you have traffic control? Yes No

Will there be on or off site parking? Yes No

Will there be any on-site camping? Yes No

Structures:

Will there be temporary structure(s) erected for the event? Yes No

Size of the structure? _____ x _____ Type of Material: _____

Inflatable/Bouncy Toys? Yes No

Stage? Yes No If yes, what is the height, length & width? _____

Tent/Canopy Size _____ x _____ How Many? _____ Do they have walls? Yes No

Food/Beverages:

Will there be food served at the event? Yes No If yes, please describe: _____

All Vendors must have a permit through Yakima County Building & Fire Safety Division to operate a food truck/enclosed food trailer.

Noise Impacts: (Enforced by the Yakima County Sheriff's Office)

Will there be music, sound amplification, or any other noise impacts? Yes No If yes, which hours: _____

Generators? Yes No

Fire Extinguishers? Yes No How Many? _____ Service Date _____ **Locations must be shown on site plan.**

Will there be any open flames? Yes No If yes, describe: _____

Open flames include fire pits, torches, candles, stoves, etc.

Electrical Cords? Yes No If yes, describe use and protection of cords: _____

Propane Tanks Yes No If yes, provide the size and numbers of tanks: _____ **Locations must be shown on site plan.**



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Tax Parcel Number (11 digits) Reference www.yakimap.com for assistance
Tax Parcel #
Short Plat or Subdivision #

<i>Office Use Only</i>	Date:
Zoning District	FCP
Lot size	acres
Land Use:	
PC:	

Name of Event:

Event Location/Address:

Contact Person:

Phone:

Email Address:

Mailing Address:

Date(s) and Time of Occasion			
List Date(s) below: (i.e. 8:00am-4:00pm)	Hour/Time:	List Date(s) below: (i.e. 8:00am-4:00pm)	Hour/Time:

Earliest Date/Time for Inspection: Date: _____ Time: _____

(Inspections scheduled Monday-Friday 8:00am—4:00pm)**

****Special requests for weekend inspections will be billed the weekend rate – 2-hour minimum fee.**

Notice: Set-up may begin after the permit is issued. Set-up prior to approval is at the applicants' risk and subject to corrections/stop-work order. A fire code inspection and all corrections (if necessary) must be completed prior to opening/occasion. Failure to obtain a fire code inspection and/or make corrections may result in revocation of this permit, issuance of a citation, and closure of the function.

I understand the requirements/conditions of this permit and agree to comply. I further understand that violating these requirements/conditions shall result in revocation of this permit:

Applicant's Signature: _____ Date: _____

Office Use Only:

Application/Plans Reviewed By: _____ Date: _____ APPROVED DENIED