



GRAND TRAVERSE METRO FIRE DEPARTMENT

FIRE PREVENTION BUREAU

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SPECIAL EVENTS

PLAN REVIEW / PERMIT APPLICATION

DATE: _____

PERMIT # _____
(FOR OFFICE USE ONLY)

APPLICANT NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT PHONE NUMBERS: (BUSINESS) _____

(CELL) _____ (FAX): _____

APPLICANT SIGNATURE: _____

EVENT INFORMATION

TYPE OF EVENT: _____

EVENT DATES: _____

EVENT HOURS OF OPERATION: _____

TEMPORARY TENTS/STRUCTURES YES NO

BUSINESS OR BUILDING NAME: _____

SITE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TOWNSHIP: _____ PHONE #: (IF KNOWN): _____