



PECHANGA FIRE DEPARTMENT

Fire Performance Permit Application

| Permit Applicant | | | |
|--|-------------------|------------|----------------------------|
| Business Name | | | |
| Applicant 1: Last Name (Legal Name Required) | MI | First Name | Stage Name (If Applicable) |
| Applicant 2: Last Name (Legal Name Required) | MI | First Name | Stage Name (If Applicable) |
| *If additional applicants, please attach an additional page(s) with names listed. | | | |
| Mailing Address | City | State | Zip Code |
| Country | Phone No. -- Ext. | | |
| Street Address (If different from above) | City | State | Zip Code |
| Email | | | |

| Event Sponsor / Promotor | | | |
|---------------------------|---------------------------------|------------|----------|
| Business Name | | | |
| Contact Person: Last Name | MI | First Name | |
| Mailing Address | City | State | Zip Code |
| Phone No. 1 -- Ext. | Email Address | | |
| Phone No. 2 -- Ext. | Date & Time of Fire Performance | | |

| Venue Description | | | |
|--|---|------------------------------|-------------------------|
| Venue Name | On Site Contact Person | On Site Contact Phone Number | |
| Venue Street Address | City | Zip Code | Venue Phone No. -- Ext. |
| Event Description | Description of Location of Hazard Area within Venue | | |
| Is the performance indoors or outdoors? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors | | | |
| Stage / Floor Materials <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Tile <input type="checkbox"/> Other | | | |
| Ceiling / Overhead Clearance <input type="checkbox"/> 7-10 Feet <input type="checkbox"/> 10-15 Feet <input type="checkbox"/> 15-20 Feet <input type="checkbox"/> 20+ Feet | | | |
| Any Additional Site-Specific Information | | | |

| Performance Description | | |
|---|---------------------------------------|---|
| Duration of Performance | Number of Sets in Performance | Approximate Sq. Footage of Hazard Area |
| Number of Fire Performers | | Number of Flame Effect Assistants |
| Description of Different Flame Effect Assistant Roles | | |
| Flame Effect Devices to be Activated on Stage. Please check all that apply. | | |
| <input type="checkbox"/> Fire Poi | <input type="checkbox"/> Fire Hoop | <input type="checkbox"/> Fire Knives / Swords |
| <input type="checkbox"/> Fire Staff | <input type="checkbox"/> Fire Torches | <input type="checkbox"/> Fire Breathing |
| Other (Please Specify): | | |
| Fuel to be Used. Please Check All that Apply. | | |
| <input type="checkbox"/> White Gas | <input type="checkbox"/> Paraffin | Other (Please Specify): |
| <input type="checkbox"/> Kerosene | <input type="checkbox"/> Isopropyl | |
| Insurance | Policy # _____ | Additional Information? (Optional) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | ATTACH COPY OF CERTIFICATE | |

| Holding Area Description | |
|--|--|
| Number of "No Smoking" Signs | Number of Fire Extinguishers |
| Type of Fire Extinguishers | Description or Method of Extinguishing Flame Effect(s) |
| Holding Area Description: Please check all that apply. | |
| Fuel Station | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spin Out Area | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Staging Area | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, please explain. | |

| Certification | |
|---|------------|
| I certify that I am qualified by reason of training, knowledge, and field experience in safe storage, use, and handling of flammable materials applicable to this permit. I further certify that the information provided on this permit is truthful to the best of my knowledge. | |
| Applicant 1 | |
| Date | Print Name |
| Signature | |
| Applicant 2 | |
| Date | Print Name |
| Signature | |

Office of the Fire Marshal | Pechanga Fire Department
 951-770-6010 permit tech | 951-770-6045 fire marshal | PFD-FMO@pechanga-nsn.gov | <https://tinyurl.com/PechangaFD>