



Exhibits & Trade Shows Permitting Application

Palm Harbor Fire Rescue
Fire Prevention Bureau
3007 Alt 19 North
727-787-5974
Fax: 786-5375

Instructions: Applicants shall fill in all blanks, complete all pages and return 14 days prior to any exhibit or trade shows. All events and displays must be in accordance with *Pinellas County Ordinances* and *National Fire Prevention Codes* adopted by the State of Florida. Additional information may be requested at the time of application processing for special requirements or circumstance.
Note: Applicants shall seek prior approval from all other Agencies or Official Offices that require notification and/or permitting. Copies of such approvals shall be submitted with application for review.

Name of Event/Show: _____ **Date:** _____

Facility/Location: _____

Address: _____ **City:** _____ **State:** __ **Zip:** _____

Date of Event/Show: **Start:** _____ **End:** _____

Time open to the Public/or Groups:

Please use date and Time
the Event / Show is open to
the public/group. ----->

| DAY | DATE | START | END |
|-------|------|-------|-----|
| Sun | | | |
| Mon | | | |
| Tues | | | |
| Wed | | | |
| Thurs | | | |
| Fri | | | |
| Sat | | | |

Description of Event/Show:

Persons Responsible for Devising, Supervising Event/Show:

| | |
|---------------------------|------------------------|
| Name/ Title: _____ | Contact # _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Crowd Control/Security personnel:

| | |
|--------------------------|------------------------|
| Name/Title: _____ | Contact # _____ |
|--------------------------|------------------------|



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Occupant Attendance: Note the maximum number of occupants that may attend at any giving time.

Indoor: _____
*May not exceed maximum
Occupant load for building.

Outdoor: _____

Total Attendance for Event/Show: _____
Please estimate to the nearest whole number

Type of Seating: Check all that apply to the type of seating used during the event.

Theater Seating _____
 Bleacher/Telescopic _____
 Other _____

Festival _____
 Tables/Chairs _____
 None _____

Note: All bleacher and telescopic seating used for events will have an inspection by certified engineer for safety installation

The Number Vendors Involved: _____

The Number of all Temporary Structure / Tents involved: _____

Diagram:

On the following page please attach or complete a detailed site plan of the event. The site plan shall show aisle widths, travel distances, exits, booths locations, display area configurations, types of display,(e.g., cooking, machinery, drapery, art and crafts, etc.), location of fire protection equipment (extinguishers, fire alarm pull stations) lobby and registration area.

Outdoor events or displays shall include tent locations with required spacing for fire department operations and emergency response. Hydrant locations and fire department connections (FDC) shall remain accessible at all times. The plan shall be drawn to scale.

Note parking must be available for all persons involved and allowances for all who attend.

Office use Only

Remark:

Approved

Rejected

Conditional: with remarks included

Date: _____

Review by: _____.

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Place Diagram Here

A large, empty rectangular box with a thin black border, intended for the placement of a diagram.