



McMinnville Fire Department  
 175 NE 1<sup>st</sup> Street  
 McMinnville, OR 97128  
 Phone: 503.435.5800  
 Fax: 503.435.5815

**Event Permit Application for Pyrotechnics/Flaming Art Performance**

Applicant Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact/Performer's Name: \_\_\_\_\_  
 Contact/Performer's Phone: \_\_\_\_\_  
 Event Date: \_\_\_\_\_  
 Performance Time/Times: \_\_\_\_\_  
 Location / Address of use: \_\_\_\_\_  
 \_\_\_\_\_  
 Type of Event/Pyrotechnics/Flaming Arts Performance: \_\_\_\_\_  
 \_\_\_\_\_

**FOR FIRE DEPARTMENT USE ONLY**

DATE REC'D. \_\_\_\_\_

Property owner's written permission presented.

Legible Site Plan.

One time performance fee (in accordance with City of McMinnville Resolution 2016-11) - \$100

Paid: Cash \_\_\_\_\_ Check \_\_\_\_\_ CC \_\_\_\_\_

**DATE PERMIT EFFECTIVE:** \_\_\_\_\_

**NOTE: FIRE PERFORMANCE NOT ALLOWED UNTIL THE VENUE HAS BEEN APPROVED BY THE FIRE MARSHAL'S OFFICE**

**REQUIREMENTS FOR SUBMITTAL:**

- A letter of permission from property owner including building owners current contact information.
- Legible site plan with distances from audience and layout of location being used.
  - Floor plan of the area being used for the performance venue must be drawn to scale.
  - If floor plan is larger than 11" x 17", two copies must be submitted.
- Plans cannot be reviewed without all required submittal criteria.
- Payment of \$100 fee

Either bring or send packet (including plans, paperwork and payment) to: **PERMITS – McMinnville Fire Department, 175 NE 1<sup>st</sup> Street, McMinnville OR 97128.** Open 8:00 AM – 5:00 PM, Monday - Friday

**NOTE:** Completed packet (including fees) must be received or post marked at least **seven (7) calendar days** before the event. Any permit request packet received after the deadline may be denied.

This permit can be revoked for failure to comply with the specified "Conditions of Use" or by and Fire Officer or Inspector of McMinnville Fire Department for due cause.

Applicant's Name: (print) \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Inspectors Name: (print) \_\_\_\_\_ Inspector's Signature \_\_\_\_\_

Conditions of use: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_