

Temporary Operational Permit/Application

Events with Tent(s) over 400 sq.ft., canopies over 700 sq.ft., or stage canopies over 400 sq.ft. require the joint BZS/Fire Temporary Structure Application. See Construction Industry Communication (CIC) 29 for more detail.

Applications mailed to: 3639 Parsons Avenue, Columbus, Ohio 43207 • Phone: 614-645-7641

Or Emailed To: cfdevents@columbus.gov

ALL FEES ARE NON-REFUNDABLE • No Payment Due Until Invoiced (up to 30 days)

EVENT SPONSOR:								
Organization Name			Billing Address			City, State, Zip		
Contact Name			Contact Phone			Email		
Secondary Contact Name			Secondary Contact Phone			Secondary Contact Email		
EVENT INFORMATIO	N:							
Event Name			Type: Ticketed	l General A	dmission	Open to the Pub	olic Private	
Event Address			Estimated Total Event Attendance		ce Esti	Estimated Peak Attendance		
Will any of the following	he present at the	e event?						
Will any of the following be present at the event? Columbus Division of Police					YES	NO		
EMS (Emergency Medical Services)					YES	NO		
Columbus Division of					YES	NO		
Alcohol					YES	NO		
Music (band/DJ) and/or audio-visual special effects					YES	NO		
Propane (LPG) or oth	for cooking, heati	ng, etc.	YES*	NO				
Cooking operations (i	f YES, # of vendo	rs:	YES*	NO				
Generator(s)				YES*	NO			
Tent heater(s)				YES*	NO			
Is event entry restricted i				YES	NO			
		event restricted in any way?			NO			
	-	e structure(s) or a building?			NO			
Will EXITS from the event be clearly marked and visil					YES	NO		
	es and make P	e Public Safety Announcements?			NO			
Will key safety personnel				YES ? YES	NO			
Have you indicated your	es/shelter in pl	place areas on the Event Site Plan?			NO			
Event Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date								
Opening Time**								
Closing Time								
DISPLAY VEHICLE PER	MIT INFORM	ATION:						
Number of Display Ve								
Type of Vehicles (e.g.			us eta):					
Type of Fuel: Gase	oline Diesel	Compresse	d Gas Hybrid	Electric	Other;			
**Events must be set up & read			ite plan. Review Ou r to opening. Events			es may require sepo	arate inspection.	
		Fire Prev	vention Bureau	Use Only				
Permit Number:								
Outdoor Assembly Ter	nt(s) Only D	isplay Vehicle(s)	Outdoor Asse	embly w/Tent(s)	Time Li	mited Occupancy		

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EVENT SAFETY PLAN

I will not be using the supplied Safety Plan (below) & have submitted a separate Safety Plan addressing the safety items listed below.

An Event Safety Manager (ESM) must be named for any permitted outdoor event. The ESM is responsible for the following;

- Monitoring weather The ESM shall be responsible for monitoring local weather reports, forecasts and conditions, and shall implement weather related event mitigation, if needed, to include; suspension, cancellation and/or evacuation of the event. Examples of weather requiring such mitigation include, but are not limited to; high winds, lightning, torrential rain, temperature/humidity extremes.
- · Reacting to event emergencies
- · Maintaining event occupant load
- Stopping/evacuating the event if necessary for ANY reason
- · Evacuating tents/temporary structures when wind speeds reach or exceed 40 miles per hour

Event Safety Manager Name	Cell Phone	ESM for Entire Event? YES NO
If NO, provide safety manager scedu	le below:	
Date/Times	Event Safety Manager Name	Cell Phone
Date/Times	Event Safety Manager Name	Cell Phone
Date/Times	Event Safety Manager Name	Cell Phone
Date/Times	Event Safety Manager Name	Cell Phone
Briefly describe the means of commu at your event:	unication for event staff to summon help/call 911	if needed, and evacuation procedures if necessary
plans do not relieve the applicant fro The fire official may revoke a permit false statement or misrepresentation	as to material fact in the application, data or plan	
	nspections or permits have not been paid. an (if using other than above) and Site Pla	n hava haan attaahad
I hereby acknowledge that I hav	ve read this application and applicable guided to act on behalf of the organization.	
Signature of Applicant	Date	

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