



SPECIAL EVENT PERMIT

Instruction: Complete this form and submit to the Division of Fire & Emergency Medical Services fourteen (14) days prior to the scheduled event.

Event Name: _____ **Event Date:** _____

Event Location: _____ **Event Start Time:** _____

Estimated Attendance: _____ **Alcohol Served? Yes No** **Event Ending Time:** _____

Sponsoring Organization: _____

Responsible Party: _____ **Email:** _____

Address: _____ **Phone #:** _____

_____ **Fax:** _____

_____ **Other:** _____

Please select all that apply for this event:

- Indoor Pyrotechnics** **Outdoor Fireworks Display** **Open Burning**
- Concert** **Emergency Medical Service Standby** **Other**

Notes / Comments:

For Official Use Only:

Received: _____ **Shift on Duty:** _____

Fire Marshal Approval: _____ **Medical Standby Approved:** _____



FIRE & EMERGENCY MEDICAL SERVICES

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