

Nevada State Fire Marshal

107 Jacobsen Way
Carson City, NV 89711
(775) 684-7531

sfmplans@dps.state.nv.us

SPECIAL EVENT AND OUTDOOR ACTIVITY PERMIT

APPLICATION (14-day minimum lead time)

ALL APPLICANTS **MUST** HAVE SITE PLANS ATTACHED

Please check all that apply

Amusement Building (IFC 105.6.2)

(\$38.50 Plan Review + \$83.50 Inspection =)

Carnivals And Fairs (IFC 105.6.4)

(\$38.50 Plan Review + \$83.50 Inspection =)

Exhibition And Trade Shows (105.6.13) (Sq footage)

Of participants)

(\$38.50 Plan Review + \$83.50 Inspection =)

Mobile Food Preparation Vehicles (105.6.30) (per vehicle)

(Inspection Per 5 Vehicles x =)

Open Burning (IFC 105.6.32) =

Open Flames And Candles (IFC 105.6.34) =

Outdoor Assembly Event Exceeding 1000 In Attendance (IFC 105.6.36)

(\$38.50 Plan Review + \$83.50 Inspection =)

Temporary Membrane Structures And Tents More Than 400 Square Feet
(IFC 105.6.7)

(Inspection Per 5 Tents x =)

Pyrotechnics

(\$38.50 Plan Review + \$83.50 Inspection =)

PERMIT INFORMATION

Name of Venue/Event: _____

Of Security Personnel: _____

Event Address & Specific Location: _____

Event Start And Finish Dates: _____ to _____

Type Of Event: _____

Event Start And Finish Times: _____ to _____

Of Participants Including Staff: _____

APPLICANT CHECK LIST

Site Plan/Floor Plan:

- Venue dimensions
- Event organizer and contact information.
- Exits and fire extinguishers.
- Emergency access roads (20' minimum)
- Tents/booth/canopy locations and dimensions
- Cooking operations
- Seating arrangements and capacities
- Displays and storage areas.
- Generator locations with fencing/guards
- Fencing to exits and egress routes.
- Vehicle parking
- Emergency vehicle parking and response routes

Certificate of insurance

Flame certificate (must meet flame propagation criteria of NFPA 701)

Security Personnel: trained crowd managers shall be provided for events with more than 1000 people expected.

APPLICANT INFORMATION

Responsible Party _____ Email & Phone # _____

Applicant name and Title (print) _____ Signature _____

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Operational fee schedule as of 11/21/2024

Grand Total Per Checked Boxes:

You may pay by mailing in a check, money order, or by filling out our one time payment
[credit card authorization form](#)
which can be mailed or emailed to us (information listed at the top of the page).

FOR OFFICIAL USE ONLY:

Date: _____

Amount Rec'd: _____ Inspector Assigned: _____

Notes: