



**ORANGE COUNTY FIRE AUTHORITY**  
**SPECIAL ACTIVITY PERMIT**

SPECIAL ACTIVITY #

Shaded areas for OCFA use only

RECEIVED DATE

**APPLICANT INFORMATION** (Who's responsible for the permit)

OWNER/AGENT  COMPANY   
 ADDRESS  CITY  ZIP CODE   
 INSP CONTACT  PHONE  EMAIL

**SITE INFORMATION** (Where the event is taking place)

EVENT NAME  EVENT VENUE   
 EVENT ADDRESS  CITY  ZIP CODE   
 OWNER/AGENT  TITLE  PHONE   
 DATE(S) OF PROPOSED EVENT  TO  or EVENT DATE

**APPLICACABLE PERMIT(S), SEPARATE APPLICATION REQUIRED FOR EACH BUILDING/BUSINESS LOCATION OR PERMIT TYPE.**

| PERMIT #             | PERMIT DESCRIPTION   | COST OF PERMIT       |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

THIS PERMIT IS VALID BEGINNING:  AND EXPIRES ON:

**NO OCFA PERMIT IS REQUIRED FOR THIS EVENT.**

**CONDITIONS / LIMITATIONS OF PERMIT:** (Attach additional sheet(s) if necessary)

See attached conditions.

STATEMENT: I hereby acknowledge that I have read this application that all information given is correct, and that I am the Owner or duly authorized agent of the owner. All permit or certificates issued shall be presumed to contain the provisions that the applicant, agent and employees shall carryout the proposed activities in compliance with all laws and regulations applicable thereto, whether specified or not, and in complete accordance with approved plans and specifications. Any permit or certificate which purports to sanction a violation of any applicable law or regulation shall be void, and any approval of plans and specifications in the issuance of such permit shall be likewise void.

**AN INSPECTION WAS CONDUCTED AND THIS OCCUPANY HAS BEEN FOUND TO BE IN COMPLIANCE WITH THE PROVISIONS OF THE CALIFORNIA FIRE CODE AND OTHER RELATED CODES AND ORDINANCES.**

**THE INSPECTION INCLUDED A REVIEW AND APPROVAL OF ALL AREAS TO BE USED FOR THE SPECIAL EVENT /ACTIVITY AND ALL RELATED FIRE PROTECTION EQUIPMENT.**

SIGNATURE (OWNER/AGENT):  DATE SIGNED:

INSPECTED BY:  DATE APPROVED:

CHECK #:  CHECK AMOUNT:  PAID BY:  DATE:

AR#:  RECEIVED BY:

NOT VAILD UNTIL SIGNED BY INSPECTOR

[www.ocfa.org](http://www.ocfa.org) <> (714)-573-6000