



**SANTA MONICA FIRE DEPARTMENT
FIRE PREVENTION DIVISION**

333 Olympic Drive, 2nd Floor
Santa Monica, CA 90401
P: (310) 458-8915 | F: (310) 395-3395
E: smfireprevention@smgov.net

**FIRE
SAFETY
OFFICER**

REQUEST FORM

Please submit this completed form to the Fire Prevention Division for review and approval. Forms and payment shall be submitted 3 business days in advance of the event to ensure sufficient time for review and processing.

Please note that Fire Prevention will determine the number of Fire Safety Officers (FSOs) needed. If the event takes place on more than one day, a separate request form must be submitted for each day.

Event Date:	Event Name:		
Event Location:	Fire Permit #:		
Event Description:			
FSO is required to be on-site an hour before the event starts.	Event Hours:	--	
	Start Time		End Time

COMPANY INFORMATION

Please provide the contact information for the company and the event on-site coordinator.

COMPANY	ON-SITE COORDINATOR
DBA:	Name:
Address:	Telephone:
City, State Zip:	Email:

EVENT FEATURES & PERMITS

Activities may require a Special Event and/or Special Effects/Proximate Display Permit (*check all that apply*)

EVENT FEATURES	ACTIVITIES & USES PERMITTED BY FIRE
<input type="checkbox"/> Approved Production Facility <input type="checkbox"/> Location Filming <input type="checkbox"/> Concert-Festival Seating <input type="checkbox"/> Tent/Canopy-Assembly Use <input type="checkbox"/> Generator <input type="checkbox"/> Change of Use/Other	<input type="checkbox"/> Candles/Open Flame <input type="checkbox"/> Pyrotechnic Special Effects <input type="checkbox"/> Flame Special Effect <input type="checkbox"/> Tent/Canopy <input type="checkbox"/> LPG for Cooking/Heating <input type="checkbox"/> Other:

FEES

The Fire Safety Officer fee is charged at a 4-hour minimum of **\$964.72 (includes \$66.40/vehicle assignment bonus)**. Each additional hour charged at **\$224.58/hr.**

CANCELLATIONS shall be made to (310) 458-8677 at least 24 HOURS in advance to avoid the 4 hour minimum. After hour questions call, non-emergency Fire Dispatch at (310) 458-8660.

Please initial and date this form. This confirms that this form has been completed accurately. _____
Initials Date

OFFICE USE ONLY	Date Faxed to Station 2:	Sent By:
	# of FSOs Required:	Assigned To:
NOTES:		