

FIRE DEPARTMENT SANTA CLARA COUNTY



14700 Winchester Blvd., Los Gatos, CA 95032-1818 (408) 378-4010 • (408) 378-9342 (fax) • www.sccfd.org

HAUNTED HOUSE / GHOST WALK EVENT APPLICATION FORM

1.	EV	ENT INFORMATION
	Ad	dress of event:
	Da	te of setup: Date of teardown:
	Da	te(s) open to public: through
	Но	urs of operation:
2.	CO	NTACT INFORMATION
	Name(s):	
	Phone(s):	
	Email Address:	
	Ma	Mailing address:
3.	OTHER:	
	A.	Description of special effects, including sound, theatrical smoke, lighting (i.e. strobes) and all other effects:
	В.	Description of decorations and/or wall coverings being used. Provide documentation for the fire-retardant treated materials being proposed or provide a sample of the material for a flame test.

- C. Provide the following information in accordance with the Haunted House Standard:
 - 1. Site plan for the event
 - 2. Complete floor plan of event area
 - 3. Fire Evacuation Plan
 - 4. Fire Safety Plan
 - 5. Fire protection and detection systems (if applicable)

SD&S SI-4/DM:dh/10/28/2010