

AURORA FIRE PREVENTION BUREAU

5 E Downer Pl. Suite G

AURORA, IL 60505

630-256-4130 FAX 630-256-4139

www.aurora-il.org

Application for

Assembly Operational Permit

Section 105.6.4

Normal Use Special Event Carnival Fair Circus Special Amusement

Circle Type



Event (Business) Name MERCY FEST Date of Event 10/08/15 thru 10/11/15
Location of Event 701 S. Eola Rd, Aurora, IL Hours: Thurs 5-9 Fri 5-10 Sat 12-10
Applicant's Name Rev Hugh Fullmer Phone # 630-851-3444 Sun 1130-10
Contact email frhugh@olmercy.com

Address 801 S Eola Rd, Aurora, IL 60504

Class of Assembly (check all that apply)

Above Grade Below Grade At Grade Outside Tent over 600 over 1000
Occupant load: Posted Y N Fire Extinguishers present: Y N How Many 4
Kitchen present Y N Class of Liquor License: No smoking signs posted N/A Y N
Fire Alarm Y N Sprinkler System Y N Hood System Y N
Live entertainment NA Y N Sometimes How Often? parts of 4 days
Type: Band DJ Other (explain) Stage: None Temporary Permanent
Will you use a smoke machine? Y N Will you use Pyrotechnic Displays? Y N
Method to determine number of occupants present: Describe Crowd managers
Ticket sales at Door Presales Both Provide ticket manifest (for carnival)
Size of tent 100 x 80 Number of exits 6 (attach separate sheet for additional tents)
Electric exit signs Y N Emergency light Y N
How is Electrical power being supplied? Generator

Documents required for all Assembly Uses* (attach copy)

- Provide site plan (indicate lot lines, parking, tents, building, streets and vendors)
- Provide information on Emergency Evacuation plan and Fire Safety Plan**
- Seating Plan (Provide copy)
- Crowd control managers name (1 per 250 Occupants (attach list of names) and certificate
For class go to: <http://www.firemarshal.state.md.us/crowdmanager/>
- Attach letter from property owner for use of land

*(All requests for drawings may be on one plan as long as it is clear)

Presence of police required: Y N

Contact Aurora Police Department (630) 256-5000 for requirements.

The above information is true to the best of my knowledge. False or incorrect information may result in permit being revoked.

Rev Hugh Fullmer
Applicant signature

Rev. Hugh Fullmer
Print Name

8-31-15
Date

PERMIT MUST BE SUBMITTED TWO WEEKS PRIOR TO EVENT

Office Use
Date received _____ Site Plan Evacuation Plan Occupant Load Site visit _____
Permit approved _____ Disapproved _____