

Sarah

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 Crossroads Church Date of Event 10/14
Location of Event church property Hours: 4-6pm
Applicant's Name Lauren Briel Phone # 630-585-7777
Contact email LBriel@crossroadsconnect.net
Address 3017 Lundquist Dr, Aurora

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
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? 4-6pm
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
Ticket sales at Door Presales Both Provide ticket manifest
Size of tent Number of exits (attach separate sheet for additional tents)
Electric exit signs Y N Emergency light Y N outside
How is Electrical power being supplied? outlets + strips

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) N/A
- 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.

Outdoor community event on church property 10/14/15 4-6p

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

LBriel
Applicant signature

Lauren Briel
Print Name

7/21/2015
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