

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 CITY OF AURORA WALKABLE FESTIVAL Date of Event 8-26-18
Location of Event WATER ST MALL/DOWNSIDE Hours: 11-6
Applicant's Name _____ Phone # _____
Contact email MARK@CITYOFAURORA.IL.GOV

Address 128 E. PRAIRIE AVE

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 N Y ___ N ___ Sometimes ___ How Often? ALL DAY

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 OUTDOOR EVENT

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 ___

How is Electrical power being supplied? CITY OF AURORA WATER ST

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.


Applicant signature

MARK J. STRASZEWSKI
Print Name

7/23/18
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 _____