

**AURORA FIRE PREVENTION BUREAU**

**5 E Downer Pl. Suite G**

**AURORA, IL 6050505**

**630-892 9001 FAX 630-844-4720**

fpb@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 2015 Summer Carnival Fest Date of Event Aug 28-30, 2015  
Location of Event 1901 West Galena Blvd Hours: Th 5-10pm Fri 5-10, Sat 1-10, Sun 1-8pm  
Applicant's Name Mark Salerno Phone # 630 327-7156  
Address 914 W. Main St. St. Charles IL 60174

**Class of Assembly** (check all that apply)

Above Grade  Below Grade  At Grade  Outside  Tent  over 600  over 1000

Occupant load: N/A Posted Y  N  Fire Extinguishers present: Y  N  How Many 12+

Kitchen present Y  N  Class of Liquor License: N/A 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? \_\_\_\_\_

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 N/A

Ticket sales at Door  Presales  Both  Provide ticket manifest \_\_\_\_\_

**Will a tent be used** Y  N  (separate Building permit is required). See attached handout.

Size of tent N/A Number of exits \_\_\_\_\_ (attach separate sheet for additional tents)

Electric exit signs Y  N  Emergency light Y  N

How is Electrical power being supplied? Generators

**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)
- Attach letter from property owner for use of land

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

**Presents of police required:** Y  N

Contact Aurora Police Department (630) 859-1700 Deputy Chief for requirements.

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

Mark Salerno  
Applicant signature

Mark Salerno  
Print Name

6/17/15  
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 \_\_\_\_\_