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 **St. Mary's Parish festival** Date of Event **Aug 20+21**
Location of Event **430 E. Downer Pl.** Hours: **9am - 9pm**
Applicant's Name **Ana Maya** Phone # **(630) 202-8385**
Contact email **anmaya116@gmail.com**

Address **430 E. Downer Pl. Aurora IL 60505**

Class of Assembly (check all that apply)
Above Grade__ Below Grade__ At Grade X Outside X Tent__over600__over1000__
Occupant load:_____Posted Y__N__ Fire Extinguishers present: Y__N__ How Many____
Kitchen present Y X 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 X N__Sometimes__ How Often?_____
Type: Band X DJ X Other (explain)_____ Stage: None__ Temporary X Permanent__
  Will you use a smoke machine? Y__N X Will you use Pyrotechnic Displays? Y__N X
Method to determine number of occupants present: Describe **Outdoors on open parking lot**
  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? **Out lets outside of building + garage outlets**

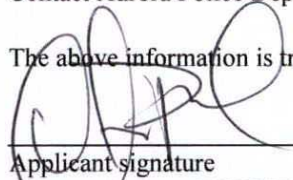**Documents required for all Assembly Uses* (attach copy)**
- Provide site plan (indicate lot lines, parking, tents, building, streets and vendors)
- Provide information on Emergency Evacuation plan and Fire Safety Plan**
- Seating Plan (Provide copy)
- Crowd control managers name (1 per 250 Occupants (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 X
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.

_____   **Ana Maya**   **6/20/16**
Applicant signature   Print Name   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_____

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