

The application must be submitted no less than 14 calendar days prior to the event date. **Failure to do so will result in double the permit fee.** Your application packet must include the following:

1. Fire Code Permit Application
2. Schematic floorplan of the room(s) to be used during the event. Include locations and dimensions of tables or booths, dimensions of aisles, locations of exits, locations of stages or dance floors, locations of A/V and other equipment.
3. Provide expected guest count.
4. Provide proof of flame certification for all drapery/fabric to be used. Must be certified from California Office of State Fire Marshal.
5. Proof of business license with the City of Burlingame or City of Millbrae. Contact Burlingame Finance Department at (650) 558-7212 or Millbrae Finance Department at (650) 259-2350.
6. **Payment of \$267.00**, payable to Central County Fire Department.

### **Inspection Process**

You must call Central County Fire Department at (650) 558-7600 to schedule an inspection. If your inspection must occur outside our regular business hours, you will be charged an additional after-hours fee. A representative from your hotel or the event production company must be present. The inspection will consist of the following:

1. Verification of floorplan – locations of tables, booths, displays, etc.
2. Confirm required aisle widths
3. Ensure no trip hazards; electrical cords are secured
4. Ensure all exits are unobstructed and operational



CENTRAL COUNTY FIRE DEPARTMENT  
Serving the Cities of Burlingame and Millbrae and the Town of Hillsborough

**Fire Code Permit Application**

**Set-up Date/Time:** \_\_\_\_\_

**Effective dates:** \_\_\_\_\_ to \_\_\_\_\_

**Assembly # of persons:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**Type of Permit:** \_\_\_\_\_

**Responsible Party:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Contractor (if applicable):** \_\_\_\_\_

**Worker's Compensation #:** \_\_\_\_\_ **Business Lic. #:** \_\_\_\_\_

**Extent of Use/Operation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERMIT FEE:** \_\_\_\_\_ **DATE PAID:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**