



# Central County Fire Department

*Serving the communities of Burlingame, Hillsborough and Millbrae*

## Tent and Canopy Permit Requirements and Submittal Process

Central County Fire Department will consider a request for issuance of a tent or canopy permit provided all information submitted meets the minimum requirements of the 2019 California Fire Code, as adopted by the Cities of Burlingame and Millbrae and the Town of Hillsborough.

### Submittal Process

The application packet 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 Form
2. Event Information sheet
3. Schematic site plan of the tent or canopy location on the property. Include dimensions and location on property; distance to other tents, roadways, vegetation, buildings. Include elevation changes and exit pathways. Identify exit pathways. Certain tents shall be a minimum of 20' away from any structure.
4. A detailed schematic interior floor plan of the tent or canopy. Include numbers of tables, dance floors, stages, displays. Tables shall be placed at least 54" apart. Include locations of fire extinguishers, no smoking signs, exit signs, occupant load signs, and propane tanks or generators. Include dimensions of exits and type of opening (slider or door).
5. Certificate of flame resistance for tent, canopy, and pipe & drape materials.
6. Proof of Certificate of Liability Insurance for at least \$1,000,000.
7. Proof of Business License within the city where the event is held.
8. **Payment of \$516.00**, payable to Central County Fire Department.
9. A standby fire watch may be required and will be determined by the fire department.

**\*\*\*Tent structures shall comply with all requirements from Chapter 31,  
California Fire Code, 2019 edition\*\*\***

### 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. Do not begin installation until your application and floorplans have been approved. A representative from your company must be present during the inspection. The inspection will consist (but is not limited) of the following:

1. Verification of tent location, exterior and interior layout, and anchorage.
2. Verification of fire extinguishers, occupant load signs, and no smoking signs
3. Exits and test of emergency lighting. Exits shall lead to a public way and provide an appropriate surface. Exits shall be accessible and shall not be obstructed by vegetation, other structures, vehicles, decorations, heating equipment, water barrels, etc. Guy wires shall not cross an exit path at a height of less than 8 feet.
4. Location of propane tanks and external heaters (at least 10' away from tent or canopy)

1399 Rollins Road | Burlingame, CA 94010

(650) 558-7600 | [www.ccfid.org](http://www.ccfid.org) | [@centralcountyfd](https://twitter.com/centralcountyfd)



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## Event Information Sheet

\_\_\_\_\_  
Fire Code Permit Number

Event name/type: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Owner/Occupant Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Tent installer Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Event coordinator Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Size of tent/canopy: \_\_\_\_\_ Number in attendance: \_\_\_\_\_

Entertainment type: \_\_\_\_\_ Dance floor: \_\_\_\_\_

Stage/platform: \_\_\_\_\_ Special effects: \_\_\_\_\_

Cooking: \_\_\_\_\_ Source of heat: \_\_\_\_\_

Source of power: \_\_\_\_\_ Propane/Number of tanks: \_\_\_\_\_



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## Fire Code Permit Application

Fire Code Permit Number \_\_\_\_\_

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

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

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

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

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

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

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

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

Email: \_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Inspector Signature Date