



Windsor Township Emergency Services Permit Application

This permit application shall be submitted no later than 30 calendar days prior to the beginning of the activity/event or the permit may be denied.

LOCATION: Windsor Charter Township Village of Dimondale

1. **TYPE OF PERMIT**

- | | |
|---|--|
| <input type="radio"/> Automatic Fire Suppression System * | <input type="radio"/> Fire Pumps and Related Equipment * |
| <input type="radio"/> Fire Alarm/Detection System and Related Equipment * | <input type="radio"/> Membrane Structure/Tents/Canopies (Temporary or Permanent) * |
| <input type="radio"/> Private Fire Hydrant * | <input type="radio"/> Standpipe System |
| <input type="radio"/> Place of Assembly (3.3.183.3-Used for a gathering of 50 or more persons for deliberation, worship, eating, drinking, amusement) * | <input type="radio"/> Grandstands, Bleachers and Folding & Telescopic seating * |
| <input type="radio"/> Exhibit or Trade Shows * | <input type="radio"/> Carnival and Fairs * |
| <input type="radio"/> Special Outdoor Event * | <input type="radio"/> Crop Maze * |
| <input type="radio"/> Flame Effects (before an audience) * | <input type="radio"/> Explosives * |

***Requires a fire plan review and fire inspection fees be paid at time of application, in addition to permit fee.**

2. **APPLICANT INFORMATION**

Applicant Business Name: (DBA or Other Name): _____

Event Name: _____

Business Address: _____ City: _____ State: _____

Zip Code: _____ Telephone: _____ Fax: _____

Email: _____ Website: _____

3. **EVENT INFORMATION**

Address location of the Event: _____

Is building owned by Applicant? Yes No if No, complete Building Owner Information Section

Number of Occupancy requested for event: _____ Date of Event: _____

Consecutive Dates Requested? Yes No If Yes, provide dates: _____

Setup Date: _____ Event Start Time: _____ Event End Time: _____

Requested Inspection Date: _____ Requested Inspection Time: _____

Contact Person for Inspection: _____ Phone: _____

On site Person in Charge of Event: _____ Phone: _____

4. **BUILDING OWNER INFORMATION**

Owner's Name: _____

Owner's Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax: _____

Email: _____

FEES

Permits: **\$10.00 per permit requested** *** Fire Plan Review: \$125.00** *** Fire Inspection: \$75.00**

Please make Check payable to: "Windsor Charter Township" The Township does not accept credit or debit cards at this time.

Application Mailing Address: 405 W. Jefferson St. Dimondale, MI 48821

Questions: Please contact Windsor Township Emergency Services – Fire Prevention Division at 517-646-0893

I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge. I have attached all required information (i.e. plans, if required) to process this permit application. I understand that all associated fees (i.e. plan review, inspection, etc.) must be paid at time of permit application for it to be complete.

Applicant's Printed Name

Applicant's Title

Applicant's Signature

Date

Windsor Township Emergency Services Use Only

Received a minimum 30 days prior to requested event date.

Payment Method: Check # _____ Cash Amount: _____ Date Paid: _____

Approved Additional Information Required Not Approved

Permit Issued Permit #: _____

Fire Chief or Designee Signature

Date