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“Service...Excellence”

FIRE PREVENTION PERMIT APPLICATION

**Complete all information fields and attach a detailed site drawing to the application.
Applicant must submit this form at least seven (7) business days prior to the event.**

Applicant Name: _____

Home Address: _____

City, State & Zip Code: _____

E-mail: _____

Contact Phone: _____ Alternate Phone: _____

All events are subject to a fire inspection. Applicant must provide a phone number for an event representative who will be available on site for the fire inspection.

Event Name: _____

Event Address: _____

Anticipated number of people to attend the event: _____

Event Date(s): _____ Event Hours: _____

Set up Date: _____ Time: _____ AM/PM

Take Down Date: _____ Time: _____ AM/PM

What time will you be ready for an inspection: _____

By signing this form applicant agrees to meet all of the requirements of the applicable Oregon Fire Code, City Code and Gresham Fire & Emergency Services Event Permit Guidelines for the duration of the event.

Signed: _____ Date _____

Waiver of Fees: Proof of non-profit status AND/OR Co-sponsorship by city, government, and or school district is required at time of application.

Event Planning Guide Received _____ (initialed by applicant)

*****For City Use Only*****

Fee Paid: _____ Form of Payment: Cash Check

Received by: _____ Receipt Number: _____