THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

Responsible University Officer (s)
Director - Department of Environment, Health & Safety
Associate Vice Chancellor – Facilities Services

Responsible Office (s)
Department of Environment, Health & Safety
Facilities Services

Appendix A: Special Event/Assembly Fire Safety Permit

UNC

The University of North Carolina at Chapel Hill
Special Event/Assembly Fire Safety Permit

All events requesting EHS Fire Safety Coverage must be requested using this form.

Name of Requestor:	
Title of Requestor:	
Department:	Telephone Number:
E-mail address:	
Event Name:	
Event Location:	Event Type: ☐ Athletic ☐ Performing Arts ☐ Other (Please describe:)
Event Date: Start Time:	
Event Estimated Length:	
Are you requesting that the fire alarm system be silenced for this event? ☐ Yes ☐ No	
Requested alarm silence time:	Estimated event attendance:
Site/Event Hazards: ☐ On-site cooking ☐ Non-assembly space ☐ Pyrotechnics ☐ Non-cooking open flame	
Does the event and venue have an approved fire safety plan? ☐ Yes ☐ No	

The provision of fire watch services by the Environment, Health and Safety Department and fire alarm technician services from Facilities Services is **required** when a fire alarm system is impaired for a special event. The number of required fire watch personnel will be determined by the University Fire Marshal during the fire/public safety planning process. The cost of these services is the responsibility of the requesting department or unit. By signing below, I acknowledge that I understand these charges and I authorize Facilities Services and Environment, Health and Safety to charge the below accounts for services rendered.

UNC TIM Account Code:
Chartfield String:

Please note that a fire/public safety plan must be approved by the University Fire Marshal prior to the event (2012 North Carolina Fire Prevention Code 403.2, 404.2). For questions or assistance in developing this plan, call (919) 962-5708.

Please submit this form to David Guynn, University Fire Marshal, (dtguynn@ehs.unc.edu) no later than one week prior to the event.

Signature of Requestor _____ Date _____

University Fire Marshal Approval _____ Date _____

FOR OFFICE USE ONLY

☐ FS Plan Approved ☐ Other required permits issued ☐ Life Safety coordination complete
☐ Pre-event inspection scheduled ☐ FS personnel assigned ☐ Permit Approved, **Permit #:** _____