BLOOMFIELD BUILDING DEPARTMENT AND FIRE MARSHAL’S OFFICE
EVENT INFORMATION SHEET

Dates of the Event: ____________________________________________

Person in Charge: ____________________________________________
(include phone # and title)

Location: ____________________________________________

Type of Event: ____________________________________________

Description: __________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

How many people will be attending? _________________

Will tents be erected? YES   NO If yes, please provide a flame resistance certificate for each tent.
If yes, how many tents will be erected? _________ List the size of each tent. ____________________________________________

Will there be cooking? YES   NO
If yes, please describe the facilities and equipment to be used. ____________________________________________
__________________________________________________________________________________________________________________________________________

A permit from the West Hartford-Bloomfield Health District may be necessary.

Will propane tanks be used? YES   NO
If yes, please list the amounts, tank sizes and locations (or supply a map). ____________________________
____________________________________________________________________________________________

The propane contractor must obtain a building permit from the Building Department and have the tank locations approved by the Fire Marshal.

Will the event require the use of temporary electrical equipment? YES   NO
Please provide the name, license number, and phone number of the CT licensed electrical contractor.
____________________________________________________________________________________________

The electrical contractor must obtain an electrical permit from the Building Department.

Please provide an accurate, detailed site map of the event.

Applicant’s Name and Phone # (please print clearly): ____________________________________________

Full Address and Zip Code: ____________________________________________

Applicant’s Signature and Date: ____________________________________________

NOTIFICATIONS:
Building Department (860-769-3516) _______ Police Department (860-242-5501) _______ W-B Health District (860-561-7900) _______
Bloomfield Fire Marshal (860-242-5131) _______ Zoning Department (860-769-3515) _______ Leisure Services (860-243-2923) _______
Blue Hills Fire Marshal (860-243-8949) _______ Town Manager’s Office (860-769-3504) _______ Public Works (860-769-4300) _______