



LOGANVILLE FIRE DEPARTMENT

Office of the Fire Marshal
605 Tom Brewer Road
Loganville, Georgia 30052
JCain@loganville-ga.gov
Office (770) 554-9693

Special Event Application

Date: _____ Permit # FD: _____

Event Name: _____
Official name of festival or event (name used to advertise event)

Property Owner: _____
Must attach a notarized statement of approval from property owner to application

Event Producer: _____
Name of individual, group or organization producing event

Primary Contact: _____
Person who should be contacted regarding the application, event or in case of an emergency

Address: _____

Day Phone _____ Cell phone _____ Night Phone _____

Fax _____ E-mail _____ Web-Site _____

Event Information:

Starting Date: ____/____/____ Time: ____:____ Ending Date: ____/____/____ Time: ____:____

*Total Attendance Expected: _____ Source of Power: _____

Clean Up Coordinator: _____ Phone: _____

***The City of Loganville and the International Fire Code requires 1 EMT for every 250 people attending an event. Please make arrangements with the City Fire Marshall to schedule any Fire Personnel.
(Additional Fees Apply)**

Permit Fee: N/C Check # _____ Receipt # _____

Approved by: _____