

SPECIAL EVENT INFORMATION FORM/PERMIT FORM

Event Name: _____

Facility or Location of Event: _____

Department Name: _____ Department Representative: _____

Department Representative Phone: _____

Event Date(s) _____ Event Hours _____

Event Decorator/Theme: _____

(Please attach scale drawings showing seating layout, crowd control measures, restrooms, etc.)

Set-Up Date & Time: _____

Type of Function: _____

Seating Type: _____

Anticipated Number of Occupants: _____

Number of Crowd Managers to be provided: _____

List all Special Hazards (i.e. Pyrotechnics, Fog Generator, Decorative Material, Flame Retardant, Decorative Lighting or Open Flame*): _____

* Additional Details May be requested prior to approval

I understand that a pre-event, on-site inspection will be done by UNL Building and Fire Safety and that if I do not comply with the NFPA 1, the Uniform Fire Code, any permit issued may be revoked.

Printed Name of Applicant _____ Applicant Signature _____ Date _____

• • • FOR OFFICIAL USE ONLY • • • □

PERMIT # _____ DATE INSPECTED _____ Inspected By: _____

Special Request/Notes: _____

This Permit Valid From: _____ To: _____

Approved By: _____ Date _____

Please email, hand deliver or FAX to:
UNL Building and Fire Safety
buildsafe@unl.edu
Facilities Planning and Construction
1901 Y Street
Lincoln, NE 68588