



## LOGANVILLE FIRE DEPARTMENT

Office of the Fire Marshal  
605 Tom Brewer Road  
Loganville, Georgia 30052  
[CaptDurden@bellsouth.net](mailto:CaptDurden@bellsouth.net)  
Office (770) 554-9693 Fax (770) 554-6565

### 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: \$200.00 Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

Approved by: \_\_\_\_\_