



**OFFICE OF THE STATE FIRE MARSHAL**  
 University of California Santa Cruz  
 Designated Campus Fire Marshal Program  
 Fire Safety and Prevention  
 1156 High Street, Santa Cruz CA 95064



**OPEN FLAME PERMIT APPLICATION**

This application shall be completed in full for consideration for use of an open flame for a campus event with the SOP for Open Flame Permits. Submit this form and all supporting documentation to [firesafety@ucsc.edu](mailto:firesafety@ucsc.edu).

APPLICANT	
Applicant Name:	Applicant Email:
Applicant Department:	Applicant Cell Phone:
EVENT INFORMATION	
Application Date:	
Event Start Date/Time:	Event End Date/Time:
Event Name:	Estimated Attendance:
Event Location: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Building and Room Number:
Fire Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> N/A - Outside	Fire Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> N/A - Outside
Type of Permit: <input type="checkbox"/> Campfire <input type="checkbox"/> Candles <input type="checkbox"/> Torches <input type="checkbox"/> Firewalk/Dance/Juggling <input type="checkbox"/> Model Rockets <input type="checkbox"/> Cooking <input type="checkbox"/> Other Description:	
COOKING INFORMATION (IF APPLICABLE)	
Number of Open Flame Cooking Devices:	Type of Food Being Cooked:
Type of Device: <input type="checkbox"/> Charcoal <input type="checkbox"/> LPG/Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other:	
CANDLES/TORCHES/SMUDGE/CAMPFIRE (IF APPLICABLE)	
Type of Candle or Flame: <input type="checkbox"/> Candle <input type="checkbox"/> Torches <input type="checkbox"/> Smudge <input type="checkbox"/> Campfire <input type="checkbox"/> Other:	
Description of Flame Enclosure:	
Number in use:	Who is Providing Equipment for Use:
Estimated Size of Campfire:	Campfire Checklist (required): <input type="checkbox"/> Water Source <input type="checkbox"/> Shovel
ADDITIONAL INFORMATION	
Include any additional details not captured in the above application:	



**OFFICE OF THE STATE FIRE MARSHAL**  
University of California Santa Cruz  
Designated Campus Fire Marshal Program  
Fire Safety and Prevention  
1156 High Street, Santa Cruz CA 95064



Do not write below. For Fire Safety and Prevention staff use only.

**Final approval of the permit may be subject to a field inspection. Stand-by personnel may be required for the event at the discretion of the Designated Campus Fire Marshal.** A Special Events permit may be required depending on the type of event and be included with submission of application. This event shall be conducted in accordance with the Fire and Life Safety requirements of Title 19, Title 24, and the conditions noted. **Non-compliance with either the code requirements or the noted conditions shall invalidate this permit.**

Your Open Flame Permit application has been:

APPROVED

APPROVED with the following conditions:

DENIED and the reason for denial:

FSP Staff Name:

Signature:

Date: