



TOWN OF NEW FAIRFIELD

Fire Marshal's Office
4 Brush Hill Road
New Fairfield, CT 06812-2665
Nfmarshal@NewFairfield.org
(203) 312-5731

SPECIAL EVENT NOTIFICATION

Date of Application: _____ Date of Event: _____

Event Start Time: _____ Event End Time: _____

Number of Participants: Adults: _____ Children: _____

Applicant Name: _____
(Individual, Firm or Organization)

Address: _____

Contact Person: _____

Telephone (s): _____

Application for Use of: _____

Description of Event: _____

SIGNATURE OF APPLICANT: _____

Must be signed by responsible officer of organization/company, if other than an individual applicant. Signature represents that the group will adhere to all Federal, State and Local Laws, Rules, and Policies.

If tents are necessary approval from the Building Dept. and permits (Building and Fire Marshal) may be required.

Inspections of events may be required. Please provide a drawing of the event space with tables/chairs, etc. Please include a list of decorations and how they will be used.

APPROVED BY FIRE MARSHAL: _____

DATE: