

HAUNTED TRAIL APPLICATION

LINCOLN COUNTY FIRE MARSHAL'S OFFICE

MAILING ADDRESS: 115 WEST MAIN STREET, LINCOLNTON, N.C. 28092

OFFICE ADDRESS: BASEMENT OF COURT HOUSE, LINCOLNTON, N.C. 28092

PHONE 704-736-8516

FAX 704-732-9036

APPLICATION TO MAINTAIN, STORE OR HANDLE MATERIALS, OR CONDUCT PROCESSES WHICH PRODUCE CONDITIONS HAZARDOUS TO LIFE OR PROPERTY, OR TO INSTALL EQUIPMENT USED IN CONJUNCTION WITH SUCH ACTIVITIES AS REQUIRED BY THE NC STATE BUILDING CODE - FIRE PREVENTION CODE

APPLICATION IS HEREBY MADE BY THE UNDERSIGNED FOR A PERMIT TO

HAUNTED TRAILS

USE
 INSTALL
 OPERATE
 CONDUCT

IN OR ON THE PREMISES KNOWN AS _____, THE FOLLOWING MATERIALS, PROCESSES OR OPERATIONS (describe briefly what is to be done and state what hazardous materials are to be used);

INFORMATION REQUIRED: (Continue on additional pages if needed)

1. Must meet any NFPA Codes that apply
2. Must meet any NC State Building Code – Fire Prevention Codes that apply
3. Sketch or map showing the layout of the trail and the location of equipment or operations
4. No smoking signage to be placed in accordance to fire official if required (every 75 feet throughout the trail)
5. Type, size, quantity and location of Fire Protection Equipment
6. Names of two personnel and phone numbers for contact during emergencies
7. IF TORCHES USED ON TRAIL someone must be with each torch at all times.
8. Fire extinguishers (min. 5 lb. ABC) to be placed every 150 feet throughout the trail.
9. Each night must have a meeting with all staff to go over safety rules and what to do during an emergency.
10. A way to call for help during an emergency throughout the trail (each staff member - cell phone/radios)
11. Fill out Special Event Application with the County
- 12.

This application shall be considered valid as long as the above criteria, codes and local ordinances are met.

Conditions, surroundings and arrangements to be in accordance with the NC State Building Code - Fire Prevention Code. Complete plans and construction details must be filed on all major projects when requested by the Fire Marshal's Office.

BUSINESS NAME

BUSINESS ADDRESS,

CITY, STATE, ZIP CODE

APPLICANT'S SIGNATURE

PHONE NO.

DATE

In so far as the NC State Building Code – Fire Prevention Code is concerned, this application is

Approved Not Approved

FIRE MARSHAL

DATE
