



Lincoln County Fire Marshal's Office

Temporary Occupancy Load Increase Application

Phone: 704-736-8516

Fax: 704-732-9036

Applicant Information

Applicants Name: _____ Phone Number: _____
Facility Name: _____ Fax Number: _____
Facility Address: _____
Applicants Title: _____ E-mail Address: _____
Applicants Signature: _____ Date: _____

Temporary Site Information

Area of Requested Increase: _____

Reason Increase is Necessary: _____

Description of special or additional safety measures that will be in place:

Event Date: _____ Event Time: _____

Maximum Occupant Load for Intended Use: _____

Maximum Occupant Load Increase as Approved per Event: _____

Total egress width in inches to be provided: _____

Number of crowd managers to be provided: _____

Applicant Statement

It shall be the responsibility of the applicant to insure all safety measures as stated on this application will be provided for the entire event. The applicant shall assure that the total number of occupants as increased shall not be exceeded. The applicant shall make certain that the area stated on this application be placed back in its original state for the maximum occupant load for intended use at the end of the event.

I certify with my signature that I have read and understand the statements above.

Signature

Date

Code Official's Information

Name: _____

Approved

Title: _____

Disapproved

Date: _____

Signature