



## Belton Emergency Services

Fire Prevention Bureau


### Hazardous Condition/Process Permit Application

Submit this application along with a site plan (if applicable) and any other supportive documentation to the Fire Prevention Bureau prior to commencement of operation.

| CONDITION or PROCESS INFORMATION                                                                                                                                                   |                                            |                                   |                                          |                               |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------------|-------------------------------|--------------------------------|
| Description:                                                                                                                                                                       |                                            |                                   |                                          |                               |                                |
| Location:                                                                                                                                                                          |                                            |                                   |                                          |                               |                                |
| Applicant Name:                                                                                                                                                                    |                                            |                                   | Application Date:                        |                               | Date/Time of Operation:        |
| OPERATION INFORMATION                                                                                                                                                              |                                            |                                   |                                          |                               |                                |
| <input type="checkbox"/> Recreational Fire                                                                                                                                         | <input type="checkbox"/> Fireworks Display | <input type="checkbox"/> Hot Work | <input type="checkbox"/> Private Hydrant | <input type="checkbox"/> Tent | <input type="checkbox"/> Other |
| Detailed Information: Describe operation in detail, including information on safety measures, number of people involved, products involved, etc. Use additional page if necessary. |                                            |                                   |                                          |                               |                                |
|                                                                                                                                                                                    |                                            |                                   |                                          |                               |                                |
|                                                                                                                                                                                    |                                            |                                   |                                          |                               |                                |
|                                                                                                                                                                                    |                                            |                                   |                                          |                               |                                |
|                                                                                                                                                                                    |                                            |                                   |                                          |                               |                                |
|                                                                                                                                                                                    |                                            |                                   |                                          |                               |                                |
|                                                                                                                                                                                    |                                            |                                   |                                          |                               |                                |
|                                                                                                                                                                                    |                                            |                                   |                                          |                               |                                |
| EMERGENCY CONTACT INFORMATION                                                                                                                                                      |                                            |                                   |                                          |                               |                                |
| Name:                                                                                                                                                                              |                                            |                                   | Name:                                    |                               |                                |
| Title:                                                                                                                                                                             |                                            |                                   | Title:                                   |                               |                                |
| Phone:                                                                                                                                                                             |                                            |                                   | Phone:                                   |                               |                                |
| Cell/Pager:                                                                                                                                                                        |                                            |                                   | Cell/Pager:                              |                               |                                |

To avoid pitfalls and possible delays in review, rejection of application or stopping of operation:

- Fill out application completely and provide supportive documentation upon submittal.
- Submit application and supportive documents as early as possible **before** operation is scheduled.
- Insure operations are NFPA and IFC compliant **before** submittal.
- Insure all submittals are legible and clear.

| APPLICANT CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| By signing I certify that:                                                                                                                                                                                                                                                                                                                                                                                                                              |       |
| <ul style="list-style-type: none"><li>- The information contained in this application is true and accurate to the best of my knowledge.</li><li>- I understand that all applicable codes apply and all operations are subject to the requirements of the 2012 International Fire Code, and City of Belton regulations.</li><li>- I understand that <b>NO OPERATIONS</b> are to commence without prior approval of the Fire Prevention Bureau.</li></ul> |       |
| Applicant Signature:<br>                                                                                                                                                                                                                                                                                                                                             | Date: |

16300 N. Mullen Road • Belton, MO • 64012  
Phone (816) 331-7969 • fax (816) 322-7368