



**EXHIBIT / SPECIAL EVENT PLAN REVIEW APPLICATION
&
EXIT WAYS AND AISLES PLAN SUBMITTAL**

Plan review fees are **not** transferable or refundable.
(See attached fee schedule and submittal information..)

Fees will **not** be assessed for review of any corrected or revised plan which was previously reviewed and assessed fees.

Unless plans are resubmitted less than **10** working days of move in / start of event, than charges will be doubled.

This is an application only, set up **cannot** begin until application / plans are approved.

Initial applications / plans must be received at least **10** working days prior to the exhibit / event.

Plans submitted less than **10** working days of move in / start of event, charges are doubled.

PLEASE PRINT OR TYPE USING INK

COMPLETE ALL INFORMATION AND CHECK APPLICABLE BOXES OR APPLICATION MAY BE DELAYED

Name of Exhibit / Special Event: _____ Event Location: _____
(convention / meeting / etc.)

Name of Event Sponsor: _____ Event Address: _____

Contact Person: _____ Telephone : _____ Fax: _____

Name of Decorator Company: _____ Address: _____

Contact Person: _____ Telephone : _____ Fax: _____

Move In Day: _____ Date: _____ Time: _____ Move Out Day: _____ Date: _____ Time: _____

Start Day: _____ Date: _____ Time: _____ End Day: _____ Date: _____ Time: _____

Anticipated No. of Occupants: _____ No. of Single Level Booths: _____ Multi-Level Booths: _____ Covered Booths: _____

TYPE OF EVENT:

Exhibit / Trade Show Theme Party / Ball Concert Outdoor Festival / Fair Other: _____

Brief Description of Event: _____

SPECIAL HAZARDS:

<input type="checkbox"/> Lasers	<input type="checkbox"/> Flammable Liquids	<input type="checkbox"/> Mardi Gras Floats
<input type="checkbox"/> Open Flame	<input type="checkbox"/> Pyrotechnic / Special Effects	<input type="checkbox"/> Mobile Homes
<input type="checkbox"/> Cooking	<input type="checkbox"/> Fog Generator	<input type="checkbox"/> Other _____
<input type="checkbox"/> Heating Equipment	<input type="checkbox"/> Vehicles / Motorcycles	<input type="checkbox"/> Tents / Canopies / Air Support Structure
<input type="checkbox"/> Compressed Gases	<input type="checkbox"/> Operating Internal Combustion Engines	<input type="checkbox"/> Multi-Level or Covered Booths (See attached minimum requirements)

If a **fire watch** is required for this event, who is the responsible party for payment?

Contact Name: _____ Telephone : _____ Fax: _____

Any questions or concerns may be addressed by contacting the Fire Prevention Division at 658-4770.

Please submit application and plans / drawings to:

**FIRE PREVENTION DIVISION
ATTENTION: TOM ST. GERMAIN
317 DECATUR STREET, NEW ORLEANS, LA 70130**

NOTE: If you desire for plans to be returned via mail, please provide a stamped, self-addressed envelope.

Fee Amount: _____ Check Money Order (no cash) Receipt No. _____

Signature: _____ Title / Position: _____ Date: _____