**Application must be completed and turned in the EHS Office at least at least thirty (30) business days prior to the actual event.** \*\*small events such as marshmallow roasts may only need 2 business days. Check with EH&S for clarification.

Name of Event / Activity:       Date of Activity:

Event Host / Responsible for the Event:       Phone:       E-Mail Address:

Name of Sponsoring Organization:

**Pre-event Checklist:**Have you scheduled this event through the Conferences & Scheduling Office at 434-395-2005? Yes  No   
***Do not forward to EH&S Office without first scheduling with Conferences & Scheduling Office***

**Event Detail:**  
Location of the Activity (be specific):        
Scheduled Time of Activity: From       am/pm -       am/pm

Number of People expected at the event:         
Nature and quality of material to be burned

Name of the person trained to use fire-extinguishing equipment:

If training is needed contact the EHS Office at 434-395-2940.

**Outdoor Events:**

Does the desired location allow for Combustible / Flammable Materials to be greater than 50 feet away? Yes  No   
Will Barricades need to be in place? Yes  No  If yes, contact Longwood Police at 434-395-2091  
Have you contacted the Director of Grounds &Landscape Management at 434-395-2947? Yes  No   
How will the waste be disposed of after the event (especially with Bonfires):       
Types and number of on-site fire-extinguishing equipment to be present:  Quantity:       
**NOTE: All fire-extinguishing equipment must be returned to EH&S Office within 24 hours of the end of the event (or by noon Monday for weekend events). The cost of replacing equipment not returned will be charged to the Sponsoring Organization.**

|  |
| --- |
| **Log Cabin Events Only:** A Work Order Request must be submitted to Facilities Management for the lighting of the gas logs.  Work Order Number \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ Separate work order numbers are required for multiple dates. **Note: Work Order Numbers are required for approval.** |

Office Use Only:

Date of Activity:       Approved:  Denied:

Comments:

By:       Title: EHS Representative

Decision communicated to Applicant on:

Communicated to Police Department:

Communicated to Fire Department: