



# OPERATIONAL PERMIT APPLICATION

(503) 263-4281 or [cfdingspector@canbyfire.org](mailto:cfdingspector@canbyfire.org)

CANBY FIRE DISTRICT  
221 S. Pine Street  
Canby, Oregon 97013

**PERMIT DESCRIPTION:** \_\_\_\_\_

**OTHER INFORMATION:** On a separate sheet, provide the applicable information for: **LP-gas tanks/containers:** number, weight/gallons; **flammable/combustible liquid tanks/containers:** content, number, gallons, location; **batteries:** type, gallons, location; **compressed gas tanks/containers:** content, number, volume; **places of assembly:** maximum approved occupant load; **tents/membranes:** number, dimensions, occupant load, site plan, floor plan; **events/special places of assembly:** date

**OFFICE USE ONLY – DO NOT COMPLETE RED BOXES**      **CFD Permit Conditions (By Fire Code Official):**

**Operational Permit Type:** \_\_\_\_\_

**Date Permit Expires:** \_\_\_\_\_

**PERMIT ADDRESS:** \_\_\_\_\_

**APPLICANT'S BUSINESS NAME (dba):** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**PERMIT HOLDER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**APPLICANT'S CONTACT:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**APPLICANT'S BILLING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

Processing, review, and inspections that require more than a total of two (2) hours shall be subject to an additional fee for each hour or portion thereof.

This application form is not a permit to operate until signed and may require further review or inspection by the Canby Fire District. The Fire Official is authorized to cancel a permit application when the applicant fails to make corrections or fails to provide additional information within ten (10) days from the date of this application.

All operational permit applications shall be submitted a minimum of five (5) working days prior to the commencing date of the regulated event or activity. It is the applicant's responsibility to contact the Canby Fire District to schedule an inspection.

I CERTIFY THAT I HAVE READ THE ABOVE STATEMENT OF CONDITIONS AND THAT ALL INFORMATION SUBMITTED IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND STATE LAWS RELATING TO FIRE PREVENTION, AND HEREBY AUTHORIZE FIRE OFFICIALS TO ENTER THE ABOVE-MENTIONED PERMIT ADDRESS FOR INSPECTION PURPOSES.

\_\_\_\_\_  
**Esignature of Applicant or Agent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print name of Applicant or Agent (circle one)**

*Canby Fire District is committed to creating safer communities through prevention, preparedness, and effective fire and medical emergency response.*

LAND OWNER NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

**LAND OWNER'S APPROVAL**

I hereby affirm that I have given permission for applicant to either temporarily or permanently operate on my property.

Phone No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Permission is granted by land owner.

Permission is granted by land owner until:

**NOTICE TO LAND OWNER:** If permission to operate is revoked for any reason, you must notify Canby Fire District. Failure to notify may result in denial of future Operational Permits.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY – DO NOT COMPLETE RED BOXES**

Filing Date: \_\_\_\_\_

Inspection No.: \_\_\_\_\_

Permit No.: \_\_\_\_\_

**Select one:**

New permit – No CFD Permit on File

Existing permit – CFD Permit on File

**Referrals sent to:**

City Planning

ClackCo.

PW

Fairgrounds

**Summary of Permit Fees**

Operational Permit Fee:	\$	
Fire Inspection Fee:	\$	
Invoicing Fee:	\$	\$25.00
<b>Total Amount Due:</b>	<b>\$</b>	

Receipt Number: \_\_\_\_\_

City of Canby

Clackamas County Fairgrounds

Fire Operations

*(503) 263-4281 or [cfdinspector@canbyfire.org](mailto:cfdinspector@canbyfire.org)*

Reviewed by: \_\_\_\_\_

Received via mail