

Cheyenne Fire Prevention
 415 W. 18th Street
 Cheyenne, WY 82001



Phone: 307-637-6311
 Fax: 307-637-6387

Temporary Structures and Uses Application for Construction / Operational Permit

Event / Project Name: _____
 Address: _____
 Submitting Company Name: _____
 Address: _____
 Contact: _____
 Phone: _____ Alt. Phone: _____ Fax: _____

Permit Information		
<input type="checkbox"/> Construction	<input type="checkbox"/> Operational	<input type="checkbox"/> Site Plans (Survey or GIS)
<input type="checkbox"/> New Site	<input type="checkbox"/> Existing Site	<input type="checkbox"/> Addition to an Existing Site

Structure Type		
<input type="checkbox"/> Construction Site Office	<input type="checkbox"/> Temporary Structure	<input type="checkbox"/> Special Amusement
<input type="checkbox"/> Temporary Membrane	<input type="checkbox"/> Temporary Tent	<input type="checkbox"/> Temporary Canopy
<input type="checkbox"/> Kiosks	<input type="checkbox"/> Outdoor Fireworks Stand	<input type="checkbox"/> Indoor Fireworks Stand

Event Type	
<input type="checkbox"/> Fireworks Display/Show	<input type="checkbox"/> Assembly
<input type="checkbox"/> Vending & Trade	<input type="checkbox"/> Medical/Health Care
<input type="checkbox"/> Carnival/Fairs/Festivals	<input type="checkbox"/> Mercantile/Business
<input type="checkbox"/> Educational	<input type="checkbox"/> Cooking

Duration of Event and/or Use: _____ Start Date: _____ End Date: _____
 Mass Gathering Event: Yes No

Promoter/Sponsors: Individual Group Firm/Corporation/Partnership Association
 Applicant is the Owner of the Property: Yes No

If above is "No" a letter of approval from property owner will be required including contact information.
 List any special features or conditions:

Applicant verifies that he/she has signed this application in the capacity designated, if any, and further attests that he/she has read this document, and that the statements contained herein and any attachments are true, accurate and factual.

 Applicant Signature Title Date

To be completed by	
Fees Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permit Number: _____	Received by: _____
<input type="checkbox"/> First Submission	Date: _____
<input type="checkbox"/> Second Submission	Time: _____