

Fire Inspection Scheduling Information Sheet

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Fire Marshal's Office • City County Building, 400 West Main Street, Suite 539 • Knoxville, TN 37902

This form must be completed to schedule a Fire Inspection for any event where cooking, grilling and/or tent set up will occur on City property. This form **must be submitted to the City of Knoxville Fire Marshals' Office via fax or email 30 days prior to the event.** Inspection Fee is \$120.00 for safety inspections. If the inspection exceeds (4) four hours, the rate will be \$30.00 per hour.

Without a Fire Inspection, cooking, grilling and/or tent setups will not be allowed on City Property.

Event Information

Event: _____

Event Date: _____ Estimated Attendance: _____

Event Location: _____ Event will begin at: _____

Event Setup will **begin** at (date(s)/time): _____

Event Setup will be **complete** by (date(s)/time): _____

DESCRIBE THE GRILLING, COOKING OR TENT TO BE SET UP ONSITE

Tent Sizes & Quantities (include all tent types and sizes: pop-up canopies, frame tents, etc.):

Tent Provider(s): _____

Date of Tent Setup: _____ Date of Tent Teardown: _____

Tents larger than 400 square feet may require a permit from the Building Inspections Department. All tents must be weighted (no stakes allowed) at each tent pole with a concrete bucket or a water weight. The weight at each tent pole must be at least 100-pounds for small tents and at least 275-pounds for large tents. All tents must be flame-retardant and no tents are allowed to remain on City Property overnight without a waiver from the Office of Special Events. **Any person setting up a tent on City Property without the appropriate permit will be cited and the tent may be removed at the expense of the person setting up the tent.**

Total # of food vendors: _____. Total # of grills (propane only): _____. Total # of deep fryers: _____.

Total # of propane cooking stations: _____. Total # of food service trucks: _____.

Other cooking information: _____

Event Contact(s) & Billing Information

Business name: _____ Contact: _____

Phone: _____ Cell: _____ Fax: _____

Address: _____ State _____ ZIP _____

Email: _____ Event Website: _____

For City of Knoxville Fire Marshall's Office Use Only

Date/Time Inspection scheduled: _____

Name of Inspector: _____

Client Invoiced for Inspector's Service: _____