

1333 NW Eastman Parkway, Gresham, Oregon 97030-3813 Phone 503-618-2355 • Fax 503-666-8330 GreshamOregon.gov/fire GFD@GreshamOregon.gov

FIRE PREVENTION PERMIT APPLICATION

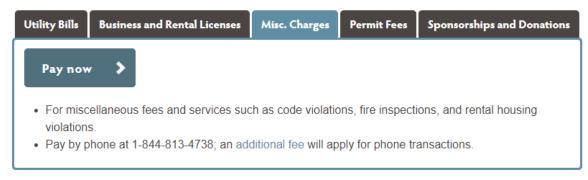
Complete all information fields and attach a detailed site drawing to the application. Applicant must submit this form at least seven (7) business days prior to the event.

Applicant Name:		
Billing Address:		
Contact Phone:	Alternate Phone:	
· ·	a fire inspection. Applicant must provi ative who will be available on site for tl	_
Event Name:		
Event Address:		
Anticipated nu	umber of people to attend the event:	
Event Date(s):	Event Hours:	
Set up Date:	Time:	AM/PM
Take Down Date:	Time:	AM/PM
What time will you be ready fo	r an inspection:	
	agrees to meet all of the requirements of ham Fire Department Event Permit Guid	
Signed:	Date	
school district is required at tim	profit status AND/OR Co-sponsorship by ne of application. ide Received (initialed *****For City Use Only************	l by applicant)
Fee Paid:		Cash Check
Received by:	Credit Card (ins	structions on reverse)

Credit Card Payment Instructions

Type <u>GreshamOregon.gov/Services/Pay-Your-Bill-Online</u> in your web browser.

Go to the Misc. Charges tab and click the Pay Now button.



Click Miscellaneous.



Confirm Your Information >

In the dropdown menu, choose Fire Department Fee.

Enter an invoice number or description of payment, such as Fire Prevention Permit.

Enter your organization or your name in the Customer or Account Number and Name on Invoice boxes. Fill in the payment amount.

Enter your phone number and email address.

Miscellaneous For miscellaneous fees and services such as code violations, fire inspections and rental housing Click for more information For electronic payments using ACH or EFT (Automated Clearing House/Electronic Funds Transfer) from your checking or savings a transaction fee of \$1.95 is charged; no limit on payment amount. For payment with a credit or debit card there is a per transaction fee of 2.5% with a \$2.95 minimum Miscellaneous * Customer or Account Number Fire Department Fee Your Organization or Name Invoice or Bill Number Name on Invoice * Project Name Your Name Amount * Phone Number * Call Gresham Fire Admin Office for fee 000-000-0000 Email Address * **Email Address**

Click Confirm Your Information - Add Selected Invoices – Proceed to Payment. Choose your payment method and click Continue to Payment Information. Enter your payment information and click Continue to Review Payment. Click Process Payment when you are ready to make the payment.