



## North Tahoe and Meeks Bay Fire Protection Districts



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**Steve Leighton, Fire Chief**

PO Box 5879

222 Fairway Dr.

Tahoe City, CA 96145

Main: 530-583-6911

Fax: 530-583-6909

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North Tahoe and Meeks Bay Fire Protection Districts understand the importance of providing emergency medical, rescue, and fire services during special events or community programs. The enclosed Special Event Fire/EMS Standby Service Request Application and EMS Plan must be utilized in order to arrange any special Fire/EMS coverage by District units and personnel. The acceptance of the application shall in no way be construed as final approval. An inspection of the venue may be required before and/or during the event, and final approval will be indicated on the Special Event Permit.

Special Fire/EMS Services differ depending on the requirements for public safety and the organization making the request for special standby EMS services (government vs. business vs. nonprofit). The contents of the enclosed application/EMS plan should be carefully reviewed and completed. A site plan (including emergency vehicle ingress and egress routes) and a route map, if applicable, should be included when submitting the application.

The enclosed application must be completed, signed, and returned to North Tahoe Fire Protection District at least 30 days prior to the start date of any single special event. Extended events, multi-day events, or large events requiring special Fire/EMS services beyond one ambulance/fire engine should be arranged and this application returned to North Tahoe Fire Protection District at least 90 days prior to the start of the event.

Although North Tahoe and Meeks Bay Fire Protection Districts will make every effort to provide the level of service requested, no specific level of service or coverage can be guaranteed due to the nature of Fire/Rescue and EMS services, and the fact that the first priority of Emergency Services is always responding to 911 calls made by constituents and guests within our Districts' boundaries. Please read the enclosed policy carefully for details.

Our Districts always seek to provide the best Fire/EMS services to citizens and those requesting special services, and we always welcome feedback should you have any questions or concerns.

After review of the application by District staff, an associated fee will be determined for the event coverage and/or plan review. You will be presented with a Special Event Fire/EMS Standby Permit with a fee amount. You will then need to sign the permit and include a 50% deposit of the total standby fee. The remaining 50% must be paid in full ten days prior to the event.

**Please complete and return the attached application, detailed site plans, and route maps to:**

**Email:** [kmartin@ntfire.net](mailto:kmartin@ntfire.net)

**Fax:** 530-583-6909

**Mail:** North Tahoe Fire Protection District  
Attention: Kelly Martin  
P.O. Box 5879 Tahoe City, CA 96145



**North Tahoe and Meeks Bay Fire Protection Districts**

**Special Event Fire/EMS Standby Service Request Application**

Name of Event: \_\_\_\_\_

Date(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location: \_\_\_\_\_

Description: \_\_\_\_\_

Estimated Attendance: Participants \_\_\_\_\_ Staff/Volunteers \_\_\_\_\_ Spectators \_\_\_\_\_

Vehicle Type Requested: Dedicated Ambulance \_\_\_\_\_ Dedicated Rapid Response Vehicle \_\_\_\_\_

Non-Dedicated Ambulance \_\_\_\_\_ Dedicated Fire Engine \_\_\_\_\_

Note: This Application/Permit is not valid until signed by a Fire Department representative

Please PRINT or TYPE

<b>APPLICANT</b>		Invoice Applicant	Y	N
Name	Business Name:			
Mailing Address	Business Phone:			
	Business Fax:			
	Mobile Phone:			
Applicant's email				
<b>CONTRACTOR</b>		Invoice Contractor	Y	N
Name	Business Name:			
Mailing Address	Business Phone:			
	Business Fax:			
	Mobile Phone:			
Contractor's email				
<b>EVENT</b>				
Contact Name (Day of event)				
Phone Number (Day of event)				

**Overall Event Profile (Check most applicable and all that apply)**

EVENT CONDITIONS		SAFETY PROVISIONS
NATURE OF EVENT	VENUE	SECURITY
<input type="checkbox"/> Concert/Music Festival	<input type="checkbox"/> Indoors	<input type="checkbox"/> Event Staff
<input type="checkbox"/> Exhibit/Trade Show	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Private Security
<input type="checkbox"/> Bicycle/Foot Race/Parade	<input type="checkbox"/> Parking/Traffic Access	<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> Athletic/Sporting Event	<input type="checkbox"/> Festival Seating/Standing	<b>EMERGENCY MEDICAL</b>
<input type="checkbox"/> Agricultural/Farmers Market	<input type="checkbox"/> Tables & Chairs	<input type="checkbox"/> Event Staff First Aid
<input type="checkbox"/> Carnival/Fair/Circus/Haunted House*	<input type="checkbox"/> Tents*	<input type="checkbox"/> Advanced Life Support (ALS)
<input type="checkbox"/> Motor Sport	<input type="checkbox"/> Heating Provided	<input type="checkbox"/> Basic Life Support (BLS)
<input type="checkbox"/> Aviation	<input type="checkbox"/> Generator Provided	<b>FIRE PROTECTION</b>
<input type="checkbox"/> Political Rally	<b>FOOD &amp; BEVERAGE</b>	<input type="checkbox"/> Fire Extinguishers/Hoses
<input type="checkbox"/> Marine Event	<input type="checkbox"/> Catered/Prepared off-site	<input type="checkbox"/> Event Staff Fire Watch
<input type="checkbox"/> Pyrotechnic Display*	<input type="checkbox"/> Barbeque/Grill on-site	<input type="checkbox"/> Ambulance Stand by
<input type="checkbox"/> Wine Tasting	<input type="checkbox"/> Deep Fryer on-site	<input type="checkbox"/> Fire Engine Stand by
<input type="checkbox"/> Motion Picture*	<input type="checkbox"/> Ranges on-site	<input type="checkbox"/> Fire Rescue Stand by
	<input type="checkbox"/> Alcohol Served	

\*Requires a separate permit and cost recovery fee. Contact Prevention for details.

**Event EMS Plan**

Number and Types of EMS Personnel at Event:	
Describe On-Site Treatment Facilities and Staffing:	
Helicopter Access and Landing Zone Information:	
How long will it take EMS personnel to reach an injured or sick person at the furthest location?	
Describe your communications plan:	
What means of extricating a patient will you use?	
Describe any contributing factors to implementing this EMS plan (i.e., weather, crowds, snow, avalanche, traffic, etc.)	

**I declare under penalty of perjury, to the best of my knowledge and beliefs, the responses made herein are true and correct.**

Applicant Signature	Applicant Print	Date
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**OFFICE USE ONLY BELOW THIS POINT**

Local Fire Agency	<input type="checkbox"/> Local Agency notified and conditions have been added	Public Safety Plan Required Approved
<input type="checkbox"/> Subject to the conditions noted on the Fire Inspection Form, permit is hereby approved. (Fire Inspection Form is attached if applicable.)		
Inspector Signature	Printed Name	Date
File ID	Zoning Permit	Site Plan/Route Map a Attached <input type="checkbox"/> Approved
Permit Fee	Inspection Fee	Invoice

**Public Safety Plan Requirements Matrix**

Event Type	Crowd Size (Anticipated)	CPR & 911 Access	1 <sup>st</sup> Aid Station w/EMT	1 <sup>st</sup> Aid Station w/ Paramedic	1 <sup>st</sup> Aid Station w/ Physician	ALS Ambulance	Mobile Teams	Fire Crew
Concert/Music Festival and similar events	<2,500	R	R	S				
	2,500-15,500	R		R		R	S	S
	15,500-50,000	R		R	S	ALS m	R m	R m
	>50,000	R			R	ALS m	R m	R m
Athletic/Sporting Event and similar events	<2,500	R	R	S				
	2,500-15,500	R		R	S	ALS	R	R
	15,500-50,000	R			R	ALS m	R	R m
	>50,000	R			R	ALS m	R	R m
Parade, Street Fair, Bicycle Ride, and similar Outside Venues	<2,500	R	S				S	S
	2,500-15,500	R	R	S		ALS	R	R
	15,500-50,000	R		R	S	ALS m	R	R m
	>50,000	R			R	ALS m	R	R m
Conference, Trade Show, Convention and similar	<2,500	R	S					
	2,500-15,500	R	R	S		ALS	S	R
	15,500-50,000	R		R	S	ALS m	R	R m
	>50,000	R			R	ALS m	R	R m

ALS = Advanced Life Support · R = Required · S = Suggested · m = Multiple units may be required