

# Temporary Conditional Use Permit

## PURPOSE

The intent of this permit is to provide an alternate method to the prescriptive requirements of the Minnesota State Fire Code applicable only for temporary tents for restaurant occupancies during COVID-19 and Emergency Declarations.

The following checklist must be completed, signed, and submitted by the business and/or person(s) obtaining this Temporary Conditional Use Permit.

## REQUIREMENTS

A plan must be submitted for review. Plans must be drawn to a minimum 1/8 inch scale and the following shall be provided and identified:

- All exits, including widths and door swing, etc.
- Location of tables, chairs, and temporary seating exit signs
- Exit locations, panic hardware, emergency lighting, portable fire extinguishers
- No Smoking signs shall be posted
- Occupant Load signs shall be posted

CONTACT INFORMATION		
BUILDING ADDRESS		
BUILDING OWNER		PHONE NUMBER
BUILDING INFORMATION		
CURRENT OCCUPANCY AND USE		
PROPOSED OCCUPANCY AND USE		
FIRE ALARM SYSTEM <input type="checkbox"/> Yes <input type="checkbox"/> No	BUILDING SPRINKLER SYSTEM <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, SPECIFY SYSTEM TYPES: _____	
EVENT INFORMATION		
NUMBER OF EXPECTED OCCUPANTS	START DATE	END DATE
IDENTIFY SEATING ARRANGEMENTS	HOURS AND DAYS OF OPERATION <input type="checkbox"/> Monday – Friday, _____ - _____ <input type="checkbox"/> Saturday, _____ - _____ <input type="checkbox"/> Sunday, _____ - _____	
WILL COMPRESSED GASSES (HELIUM, ETC.) BE PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, SPECIFY TYPE AND QUANTITY: _____		
WILL DECORATIVE OR OTHER COMBUSTIBLE MATERIALS OR EQUIPMENT BE INTRODUCED DURING THE EVENT <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PROVIDE DETAILS: _____		
WILL THERE BE FIREWORKS OR PYROTECHNICS <input type="checkbox"/> Yes <input type="checkbox"/> No		
WILL ALCOHOL BE SERVED <input type="checkbox"/> Yes <input type="checkbox"/> No	WILL FOOD BE PREPARED (COOKED, HEATED) ON THE PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No	

# If Required, Provide Firewatch Information

CONTACT INFORMATION			
NAME OF LICENSED SECURITY COMPANY		h=\ V- VyU" -k	MN LICENSE NUMBER
ADDRESS		CITY	STATE
			ZIP
REQUIREMENTS			
<ul style="list-style-type: none"> <li>• Certificate of Liability Insurance must be included in contract</li> <li>• Scope of service must be identified in contract                             <ul style="list-style-type: none"> <li>○ Firewatch guard must be licensed to perform firewatch details and familiar with procedures for alerting local fire department and dispatch, use of fire extinguishing equipment, patrolling premises at least once per hour, maintaining logs, and documenting each patrol.</li> </ul> </li> <li>• Contract must be signed and dated by customer and business operator</li> </ul> <p>Final approval is subject to review of submittals and a successful onsite inspection.</p>			
INSPECTION			
FIS INSPECTION DATE		TIME	INSPECTOR
<p>COMMENTS</p> <p>Please note: This is not an all-inclusive review or an approval for a Certificate of Occupancy. It is a one-time conditional (temporary use) permit that expires on the following:</p>			
START DATE		END DATE	
APPROVAL		DATE	