



City of Rochester, New Hampshire  
OFFICE OF THE CITY MANAGER  
31 Wakefield Street • Rochester, NH 03867  
(603) 332-1167  
[www.RochesterNH.net](http://www.RochesterNH.net)



**INCLEMENT WEATHER SPECIAL EVENT PERMIT APPLICATION**  
**ROCHESTER, NEW HAMPSHIRE**  
**LICENSING BOARD APPROVAL**

Inclement Weather Special Event Permit application must be submitted to the City Manager's Office no less than Twenty-Four (24) hours prior to the proposed commencement of the Shelter Activity. In order to be approved, each application must receive a majority vote of the Licensing Board. However, the Licensing Board will only consider **complete** applications. Applications shall only be deemed complete upon proof to the Fire Department and Building, Zoning & Licensing Services (BZLS) that the applicant property owner meets each Standard of Approval. If, and only if, the application receives a positive review from the Fire Department and BZLS will it then be forwarded to the Licensing Board for final action. **Permits accepted November 1<sup>st</sup> – through March 31<sup>st</sup>**

Name of Organization: \_\_\_\_\_  
Street/Mailing Address \_\_\_\_\_  
City/Town \_\_\_\_\_

Contact Person \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Information About the Event:**

Date & Time of Event \_\_\_\_\_  
Location of Event \_\_\_\_\_

**Total Number of Occupants**

Total Number of Occupants as determined by Rochester Fire Chief or designee during Fire Department Review: \_\_\_\_\_  
Fire Department Review Conducted? **Yes** \_\_\_\_ **No** \_\_\_\_

**\*Egress**

I acknowledge that the area used for the Event has a primary and secondary means of egress that has the appropriate exit capacity. The egress route must be clearly identified by exit signs and emergency lighting and maintained clear at all times the building is occupied. **Yes** \_\_\_\_ **No** \_\_\_\_

***\* The emergency egress/emergency rescue opening (5.7 square foot opening) complying with the NFPA 101 Life Safety Code is required unless the building is protected with a fully operational fire sprinkler system and travel distance to an exit does not exceed 75 feet along an accessible route.***

**\*\*Fire Protection Systems**

I acknowledge that the Event area is equipped with an approved automatic fire alarm system with occupant notification and that smoke detection is inside and directly outside all sleeping areas. **Yes** \_\_\_\_ **No** \_\_\_\_

***\*\*Exception: A smoke detection system is not required where the building is equipped with a fully operational fire sprinkler system, and individual/local smoke alarms are provided inside and directly outside areas used for sleeping purposes.***

**Restrooms**

I acknowledge that the appropriate numbers of restroom and bathing facilities will be provided in order to provide for proper hygiene. I have requested review from Building, Zoning & Licensing Services Department at time of application.  
**Yes** \_\_\_\_ **No** \_\_\_\_

**Cooking**

I understand that cooking is only to be allowed in facilities with code compliant commercial cooking facilities that are protected with hood vents and fire protection systems and have required state and local approvals for commercial cooking. I have requested review by the Fire Department and Building, Zoning & Licensing Services Department at time of application. **Yes** \_\_\_\_ **No** \_\_\_\_

**Emergency Plans**

I understand that that a Fire Safety and Evacuation Plan must be presented for review and accepted by the Fire Department. This plan will be available on site for review by the persons attending the Event. Evacuation routes will be clearly posted in each area being occupied by persons attending the Event. I agree to review the fire safety and evacuation plan, and conduct a fire evacuation training drill with all persons being sheltered. **Yes** \_\_\_\_ **No** \_\_\_\_

**The Fire Safety and Evacuation Plan shall include the following elements:**

1. Emergency egress or escape.
2. Procedures for employees who must remain to operate critical equipment before evacuating.
3. Procedures for accounting for employees and occupants after evacuation have been completed.
4. Identification and assignment of personnel responsible for rescue or emergency medical aid.
5. The preferred and any alternative means of notifying occupants of a fire or emergency.
6. The preferred and any alternative means of reporting fires and other emergencies to the fire department.
7. Identification and assignment of personnel who can be contacted for further information or explanation of duties under the plan.
8. A description of the emergency voice/alarm communication system alert tone and preprogrammed voice messages, where provided.
9. Procedures for the evacuation of the special needs occupants.

**I CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT.** I understand that my misrepresentation of information on this form may result in denial of permit by the Licensing Board.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

-----Office Use Below -----

*Fire Department Review conducted on:* \_\_\_\_\_

*Comments:* \_\_\_\_\_

\_\_\_\_\_

*BZLS Review conducted on:* \_\_\_\_\_

*Comments:* \_\_\_\_\_

\_\_\_\_\_

*Maximum of Three (3) Permits for a single structure during the Season.*

*Date of first permit:* \_\_\_\_\_

*Date of second permit:* \_\_\_\_\_

*Date of Third permit:* \_\_\_\_\_