



Fire Marshal Division
P.O. Box 370
Lillington, NC 27546
910-893-7580

Application for Plan Review

Permit Type: _____

Date Received: _____ Received By: _____

Name of Project: _____

Physical Address of Project: _____

Plans Submitted By: _____

Project Phone: (_____) - ____ - ____

Contact Person/Address: _____

Contact Phone: (_____) - ____ - ____ (_____) - ____ - ____

Contractor's Name/Info: _____

Contractor's Phone: (_____) - ____ - ____

Contact Email: _____

- **Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.**
- **Status checks may be conducted on plan reviews by visiting the website <http://hteweb.harnett.org/Click2GovBP/Index.jsp> or by calling the Harnett County Central Permitting Office (910-893-7525 : Opt. 2), or the Harnett County Fire Marshal's Office (910-893-7580).**
- **Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.**

E. Depot St



Common Ground Concert Series

May 23

-  Beer Area
-  Vendor Tents
-  Beer Vendors
-  Food Vendors
-  Porta Johnns



Harnett County Emergency Services Mass Gathering / Special Event Application

1.	Name of Event: Common Ground Concert Series and Makers Markets			
2.	Name of Organization: Town of Angier			
3.	Date(s): April 11, May 2, May 23, June 13			
4.	Time(s): Start: 4 pm	End: 9 pm		
5.	Location/Address: 19 E Depot Street Angier NC 27501			
6.	Type of Event: <small>Check All Applicable</small>	<input checked="" type="checkbox"/> Public Gathering	<input type="checkbox"/> Religious	<input type="checkbox"/> Parade
		<input type="checkbox"/> Walk or Run	<input type="checkbox"/> Private Gathering	<input type="checkbox"/> Other (explain in # 8)
7.	Estimated Attendance:	Participants: 500 Spectators:	Children: 100 Staff Workers:	Total #: 600
8.	Brief description of the event: Thursday night Concert Series and vendor fair. Cincert on Depot Stage and vendors marketing wares in Depot Park			
9.	Special Request: <small>(ex. Training Equipment, CPR Demonstration, Ambulance Demo, First Aid Station, Tent, Chair(s), & Table(s) for EMS)</small> <small>**Note the special request section is items that will be needed or requested for the stand-by / public education crew.**</small>			
10.	<input checked="" type="checkbox"/> Check box for attached site map including the staging, assembly areas, streets traveled (exact route), beginning & ending points, and labeled key points.			
11.	Primary Contact Person Name: Crissy Porter			
	Daytime Phone: 919-639-6713		Mobile Phone: 919-422-9211	
	Evening Phone:		Fax:	
	Mailing Address: PO Box 278 Angier NC 27501-0278			
	Email: cporter@angier.org			
12.	By signing my name below, I certify that I have read the Harnett County EMS System Mass Gathering Policy. Any questions concerning these policies have been discussed. My signature also certifies my understanding of and agreement with the Mass Gathering Policy. A photocopy of this document is as valid as the original. You may receive a copy of this document upon request.			
	Signature:			