



Building and Fire Safety
1901 Y Street
Lincoln, NE 68588

SPECIAL EVENT INFORMATION FORM/PERMIT FORM

Event Name: _____

Facility or Location of Event: _____

Department Name: _____ Department Representative: _____

Department Representative Phone: _____

Event Date(s) _____ Event Hours _____

Event Decorator/Theme: _____

(Please attach scale drawings showing seating layout, crowd control measures, restrooms, etc.)

Set-Up Date & Time: _____

Type of Function: _____

Seating Type: _____