

Service de
sécurité incendie
de Montréal

ville.montreal.qc.ca/sim



APPLICATION FORM FOR PERFORMANCES WITH SPECIAL EFFECTS

INSTRUCTIONS

1. Please specify all required information. **NOTE: Any incomplete forms may be rejected.**
2. Should you require additional space, simply add the required information separately at the end of the document and clearly identify the corresponding number on the form.
3. For any questions regarding the required information, please call Événements spéciaux et mesures opérationnelles at **514-872-2662** or send an email to sim.evenement@ville.montreal.qc.ca.
4. Applicants may submit the application form to the appropriate authorities in one of two ways:
 - Save all the documentation in a digital format and email it to sim.evenement@ville.montreal.qc.ca.
 - Print all the documentation and fax it to **514-280-3229**.
5. On page 5 of the form, applicants must sign a declaration and commitment. Applicants who choose to send the information by fax can simply sign the required documents before sending them. However, applicants who elect to email the information must check both "Yes" boxes to confirm their declaration and commitment.

APPLICATION FORM FOR PERFORMANCES WITH SPECIAL EFFECTS

1. APPLICANT

1.1 Application date: _____

1.2 Name (*organization*): _____

1.3 Address: _____ 1.4 Telephone: _____

1.5 Email: _____ 1.6 Company name (*where appropriate*): _____

2. GENERAL INFORMATION ABOUT THE PERFORMANCE

AUTHORIZATION NO. ISSUED BY THE CITY:

2.1 Name of event: _____

2.2 Performance location: ☐ Public road ☐ Private land ☐ Building
☐ Park ☐ Public area: _____

2.3 Expected audience: _____ *people*

2.4 Address(es) of performance site(s): _____

2.5 Type of performance: ☐ Fire performer ☐ Pyrotechnics ☐ Flame effect
☐ Outdoor fire ☐ Explosives/stunts

2.6 Performance date(s): _____ (*other dates for rehearsals*) _____ to _____

2.7 Opening hours for the public: from _____ to _____ 2.8 Time: from _____ to _____

2.9 Resource person	Title	Cell	Certificate # (<i>where appropriate</i>)	Rating	Expiry date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2.10 Authorization obtained from owner: ☐ Yes ☐ No

Name of owner: _____ Telephone/email: _____

2.11 Name of insurer: _____

Policy number: _____ Telephone: _____

3. INFORMATION REGARDING POTENTIAL RISKS

3.1 Planned performance characteristics

Yes No

☐ ☐

Fire performer (if yes, specify information)

Number of performers working simultaneously: _____ people

Height of ceiling for an indoor performance: _____ metres

Yes No

☐ ☐

Pyrotechnics (if yes, check all planned options)

☐ Use of table centrepiece fireworks

☐ Use of family or domestic fireworks

☐ Use of display fireworks Specify park: _____

☐ Use of theatrical fireworks

Yes No

☐ ☐

Flame effect (if yes, specify information)

Distance between the effect and the public: _____ metres

Type of fuel (check all appropriate boxes)

☐ Liquefied gas (propane, butane)

☐ Flammable liquid (gas, alcohol)

☐ Combustible liquid (oil, isopar)

☐ Combustible solid (lycopodium powder, fire paste)

Yes No

☐ ☐

Outdoor fire (if yes, check all planned elements)

☐ Bonfire

☐ Enclosed fire (fireplace, brazier, etc.)

☐ Open flame for procession

☐ Other (please specify): _____

Yes No

☐ ☐

Cinema (if yes, check all planned performances)

☐ Stuntman on fire

☐ Vehicle stunt **without** an explosion

☐ Vehicle stunt **with** an explosion

☐ Use of explosives, black powder and/or home-made mix

☐ Use of squibs

☐ Use of a detonating cord

☐ Use of a compressed air cannon to fire debris

☐ Use of a propane cannon

☐ Use of combustible gel

☐ Other (please specify): _____

3. INFORMATION REGARDING POTENTIAL RISKS (cont.)

3.2 Description of the performance

Describe the performance, the nature and scope of the special effects, the combustible material and, where appropriate, the list of fireworks that have been planned.

☐ Check if additional information has been provided at the end of the form

3.3 Description of planned safety measures

Describe the safety measures and communication methods that will be deployed in the event of an emergency and how your safety plan will be integrated with that of the building or the site.

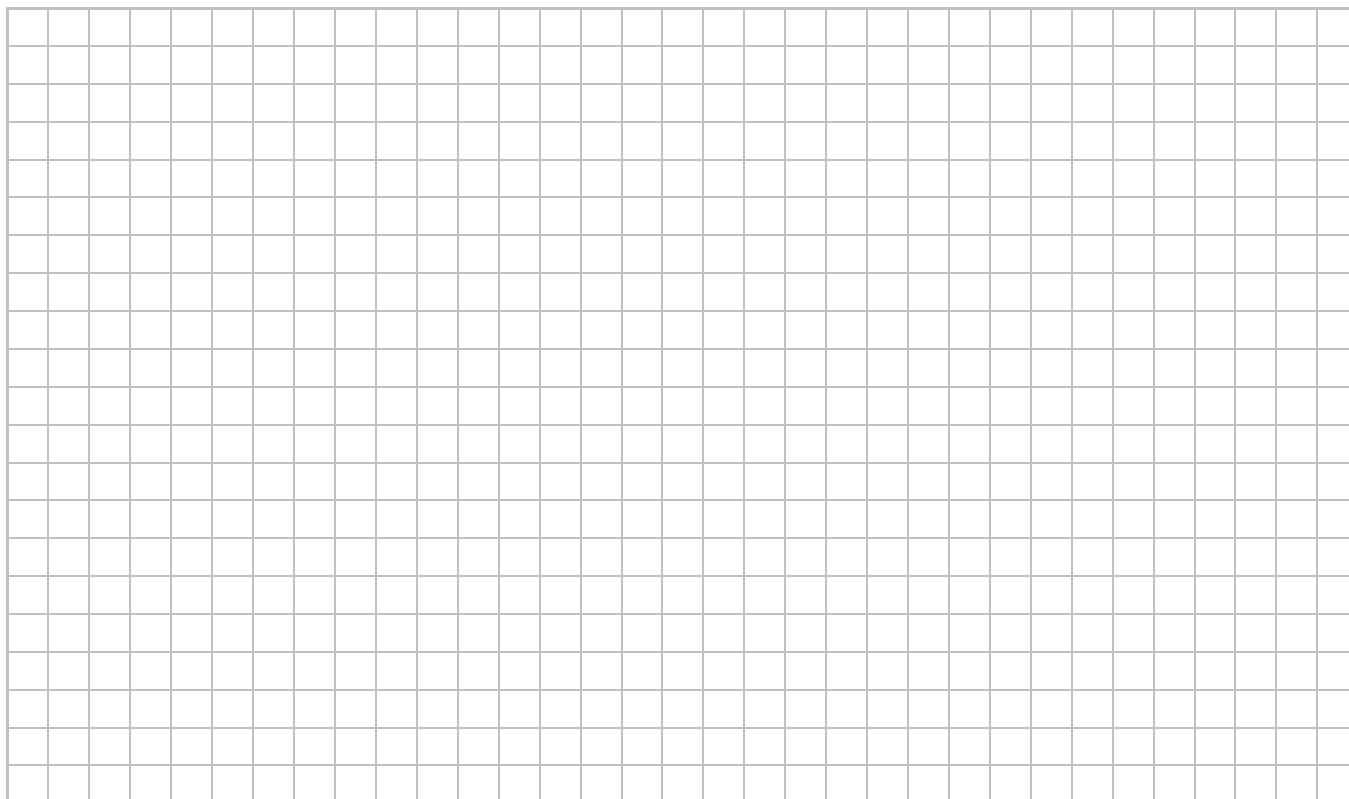
☐ Check if additional information has been provided at the end of the form

3. INFORMATION REGARDING POTENTIAL RISKS (cont.)

3.4 Sketch of site

Describe the site components, the safety perimeters and their respective locations. Remember to provide a legend to define the symbols used.

☐ Check if additional information has been provided at the end of the form



4. APPLICANT'S DECLARATION AND COMMITMENT

☐ Yes

I hereby declare that all the information provided in this form, which will be sent to the Service de sécurité incendie de Montréal (SIM), is, to the best of my knowledge, complete and accurate with regard to what will be deployed during my performance.

☐ Yes

I hereby commit to comply with the above-mentioned terms and conditions of the performance in accordance with the related safety requirements or any other requirements associated with my performance. I also commit to respect the recommendations that will be required by the prevention and operations personnel of the Service de sécurité incendie de Montréal during any inspections carried out when my special effects are being set up and deployed.

Name: _____
(First and last names in block letters)

Signature: _____ Date: _____