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HELICOPTER PERMIT APPLICATION

EVENT INFORMATION

Location of Landing Zone: _____

Date of Landing: _____ Start Time: _____ End Time: _____

Pilot Name and Certification: _____

Make, Model, and Serial# of rotocraft: _____

Organizer's Name: _____ Phone: _____ Email: _____ Emergency Contact : _____ Phone: _____

Required Documents

Please submit with this application a copy of the following documents to ensure your application is processed in a timely manner. Please check-mark the items below confirming the associated information was provided.

- FAA approved Application
- Property Owner Authorization
- Detailed plan indicating how the area is to be used and the proposed take off/landing and the final approach and take off (FATO)
- Street closure permit, approved by Special Event Services
- Certificate of Compensation Insurance Information (liability insurance)

Conditions Agreement

Please check-mark the items below confirming your agreement to the following conditions

- FATO shall not pass over any area in which the public viewing area is established or within 1,000 feet of any school, hospital or residential area.
- No person(s) other than the operator(s) and authorized personnel shall be allowed or near the helicopter until the machine has landed and the main and tail rotors have come to a full and complete stop.
- A clear safety zone radius is to be established around the take off site. The ratio is 50 feet for every 1,000 pounds of gross helicopter weight.
- The safety zone shall be established so access is restricted by the placement of physical barriers.
- Personnel shall be posed around the perimeter of the safety zone to maintain traffic, crowd and ground control away from the helicopter. The ratio for ground staff is one person per 50 linear feet or one person per 50 people in attendance, whichever is less. This requirement does not preclude the use of Sacramento Police Department Officers required by City Ordinance.

Applicant and Billing Information

Applicant Name: _____ Application Date: _____

Applicant Email: _____ Applicant Phone: _____

Applicant's Association w/Event: _____

Applicant's Emergency Contact for Event: Name: _____ Phone: _____

Billing Name: _____ Billing Address:

Street: _____ City/State/Zip: _____

COMPENSATION INSURANCE INFORMATION (LIABILITY)

Verification of a hold harmless or co-insured insurance for the city of Sacramento must be submitted at least 14 days prior to your event. Provide a copy of the original Certificate of Insurance, to be included with this application, which complies with the following requirements (refer to Section 993, Title 19 and 12611, California Health and Safety Code)

- The standard proof of insurance is the ACORD certificate form
- The name of the insured, the insurance carrier, the policy number, coverage limits, and effective and expiration dates for the coverage must be stated on the certificate of insurance
- Certificate holder must be listed on the certificate as City of Sacramento, 915 I Street, Sacramento Fire Department, 5770 Freeport Blvd, Suite 200, Sacramento, CA 95822.
- Insurance certificates must be signed by an authorized representative of the insurance carrier. Electronic signatures are acceptable

A photocopy of a hold-insurance or co-insured insurance for the city of sacramento has been included with this application: Yes No

Permit Fee Information

Permit Fees and Inspection Rates are posted on the City of Sacramento Website under Fees and Charges.

Fee and Charges Web-Link:

https://www.cityofsacramento.org/Online-Services/FeeChargeSearch.aspx?cu_fee_id=3123

****Applications shall be submitted 14 business days prior to the event - please submit electronically at:
sacfirespecialevents@sfd.cityofsacramento.org**