

# Village of Evendale Application for Indoor Ice Arena Certificate Approval

This form, completed properly and filed with the Evendale Fire Department, constitutes application for a Certificate of Approval for operation of an enclosed arena in accordance with Chapter 882 of the Evendale Municipal Code. This application does not imply approval or disapproval. A Certificate of Approval will be issued upon approval by the Evendale Fire Department. It must be displayed in a location within the arena building that is clearly visible to the public.

## General Arena Building Information

Name of Arena Building:	Phone:
Arena Physical Address:	Arena Mailing Address:
City, State, Zip:	City, State, Zip:
Arena Building Manager (Individual):	Arena Manager Phone:
Arena Manager Email:	Arena Website:

## Building Operator Information

Arena Building Operator (Organization):	Operator's Chief Executive (if applicable):
Address:	
City, State, Zip:	Operator's Phone:

## Trained Responsible Persons

The following individuals have received training according to Chapter 882 of the Evendale Municipal Code and may be the responsible person in charge at any given time.


APPLICATION FOR ENCLOSED ARENA CERTIFICATE APPROVAL

**Air Quality Measuring Devices**

The following air quality measuring devices meet the requirements of Chapter 882.08 of the Evendale Municipal Code and will be used to meet the air testing requirements of Chapter 882.07 in the arena building:

<b>Instrument Make</b>	<b>Model</b>	<b>Monitored Contaminant (CO and/or NO2)</b>	<b>Range in ppm (eg: 0 — 100 ppm)</b>	<b>Resolution (eg: 1 ppm)</b>	<b>Manufacturer specified calibration frequency (for electric instruments)</b>

If you do not have an air quality measuring device in your arena building (because you do not regularly operate internal combustion engine-powered ice maintenance equipment in the building), please explain below how you will obtain air monitoring equipment in the event when needed (unvented fuel burning equipment is used in the arena):

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# APPLICATION FOR ENCLOSED ARENA CERTIFICATE APPROVAL

## Individual Arena Information

(Complete this page for each room that houses an ice sheet)

Name of Arena:	Normal days of week arena is open to the public:
Expected dates arena is open to the public:	Normal operating hours:

Which of the following unvented, fuel-burning equipment do you expect to use in the arena over the next 12 months (please check all that apply):

- ☐ Ice resurfacing machine      ☐ Man lift  
☐ Ice edger      ☐ Portable generator  
☐ Ice sweeper      ☐ Portable heater  
☐ Line painter \_\_\_\_\_ ☐ Other (specify): \_\_\_\_\_

### Ice Resurfacer Information

#### Ice Resurfacer #1 (Primary)

Manufacturer	Model	Model year	Fuel Type
			<input type="checkbox"/> LP <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas

#### Ice Resurfacer #2 (Secondary/Back-up)

Manufacturer	Model	Model year	Fuel Type
			<input type="checkbox"/> LP <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas

### Ice Edger Information

#### Ice Edger #1 (Primary)

Manufacturer	Model	Model year	Fuel Type
			<input type="checkbox"/> LP <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas

#### Ice Edger #2 (Secondary/Back-up)

Manufacturer	Model	Model year	Fuel Type
			<input type="checkbox"/> LP <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas

APPLICATION FOR ENCLOSED ARENA CERTIFICATE APPROVAL

I understand that submitting false information allows the Evendale Fire Department to deny, suspend, revoke or take other action against this certification.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send completed application to:

Evendale Fire Department

10500 Reading Road

Evendale, Ohio 45241

FOR EFD	Approved: _____
USE ONLY:	Denied _____
	Date _____