

Permit Application for a Temporary Event

Application must be completely filled out and submitted to the Department of Community Development at least 30 days prior to the event. A site plan (drawing) must accompany the application along with a \$50.00 application fee. Attach additional sheets if necessary.

Application date: _____ Event date(s): _____

Event name: _____

Event hours: _____ Expected crowd size: _____

Event location: _____

Will event be located on County owned land? ____ No ____ Yes (If yes, please submit an Application For Use Of County Facilities Form to the Department of Public Works, 804-598-5781)

Will event be located at Powhatan Rescue Squad? ____ No ____ Yes (If yes, a Powhatan Rescue Squad facilities request shall be required for an event on their property. Contact the Rescue Squad at powhatanrescuesquad.com or 804-598-2911 to inquire about your request. This request will have to be completed 60 days before having the event.)

Permit Applicant:

Name: _____ Phone: _____

Address: _____

Email: _____

Food: (Indicate on site plan where the food service vendor(s) will be located)

Will food be available for this event? ____ No ____ Yes

If yes to food, has Health Department been contacted? ____ No ____ Yes

Is a permit required by the Health Department? ____ No ____ Yes

Plan for providing food and water for this event: _____

(Health Department permits may be required for this event. Contact the Health Department at 804-598-5680 to inquire if any permits are required. If permits are required, they must be obtained prior to having this event.)

Medical Facilities: (Indicate the location of the medical facilities on the site plan)

What type of medical first-aid will be available for the event attendees? _____

_____ Will

an ambulance or rescue squad be standing by? ____ No ____ Yes

What organization will provide this service? _____

Provide a contact name and phone number for this organization _____

Alcoholic Beverages: (Indicate location of area where alcoholic beverages will be consumed on site)

Will alcoholic beverages be supplied, sold, or allowed at this event? ____ No ____ Yes

If yes, explain: _____

(An Alcoholic Beverage Control license/permit may be required, contact the Richmond ABC office at 804-213-4624 for information. If required, the license/permit must be obtained prior to having this event.)

Security: (Indicate location of security tents or trailers on site plan)

What is your plan for providing adequate security and crowd control? _____

Will security be provided for this event? ____ No ____ Yes, how many? _____

Will law enforcement officers be used for security? ____ No ____ Yes, how many? _____

Give name and contact information for agency providing security and crowd control:

Agency: _____

Name: _____ Phone: _____

Address: _____

Email: _____

Lodging: (Location of overnight lodging shown on site plan)

Will overnight lodging be available for anyone at this event? ____ No ____ Yes

If Yes, explain: _____

Traffic: (Indicate the traffic direction and circulation on the site plan)

How will traffic on the event site be controlled? _____

What is your plan to control traffic entering and leaving the event site? _____

Will law enforcement officers be used to control entrance traffic at this event? ___No___Yes

Which law enforcement agency? _____

Provide contact name and number: _____

Site Lighting: (Indicate the location of lighting equipment on the site plan)

Will lights or artificial illumination be used at this event? ___No ___Yes

If Yes, what time will the lights be turned off? _____

Parking: (Indicate the location of parking and number of spaces on the site plan)

Will parking be located on the event site? ___No ___Yes, how many vehicles? _____

Will parking be provided off-site? ___No ___Yes, how many vehicles? _____

How will event attendees get from off-site parking to the event? _____

How many parking attendants will be provided? _____

Who will provide parking attendants? _____

What is your plan for overflow parking? _____

Fire Protection: (Indicate the location of open burning and fireworks on the site plan)

Will the event feature outside fires? ___No ___Yes

(Burn permits may be required, Contact Powhatan Fire Official 804-598-5622)

If Yes, explain: _____

Will the event feature fireworks? ___No ___Yes

Have you obtained a fireworks permit? ___No ___Yes

What fire protection equipment will be provided at the event? _____

Sanitation: (Location and number of toilet facilities and trash receptacles on the site plan)

What is the total number of existing available toilets on the site? _____

Number of portable toilets to be provided? _____

Number of handicap accessible toilets to be provided? _____

Number of trash receptacles to be provided. _____

Person or Company responsible for removing trash from event site:

Name: _____ Phone: _____

Address: _____

Email: _____

Music and Entertainment: (Indicate the location of any stage or seating area on the site plan)

Will music (live or recorded) be played at this event? _____ No _____ Yes

Will amplified sound system be used at this event? _____ No _____ Yes

Will a stage be set at this event? _____ No _____ Yes

Who is the entertainment promoter? _____

Name: _____ Phone: _____

Address: _____

Email: _____

Building Code:

(Indicate the location of any tents, grandstands, and amusement rides on the site plan)

Will there be any construction of buildings, ticket booths, steps, stairs, ramps, decks, etc.?

_____ No _____ Yes, list all: _____

Will tents be set up for this event? _____ No _____ Yes

Are any tents larger than 900 square feet (30x30) in area? _____ No _____ Yes

(Tents greater than 900 square feet require separate building permit)

What will be the use inside the tents? _____

Who will provide tents for this event? _____

Name: _____ Phone: _____

Address: _____

Email: _____

Will grandstands or raised bleacher seating be provided? _____ No _____ Yes

(A building permit is required for temporary bleachers or grandstands, Contact: 804-598-5622)

Who will erect this seating? _____

Name: _____ Phone: _____

Address: _____

Email: _____

Will amusement devices (amusement rides, inflatable kiddy rides, climbing walls, etc.) be provided at this event? _____ No _____ Yes

(A ride permit is required, Contact Building Official 804-598-5622)

List type of devices: _____

Who will erect the amusement devices? _____

Name: _____ Phone: _____

Address: _____

Email: _____

Motor Sports: (Location of track area, vehicle run off and safety zones on the site plan)

Will the activity involve motor sports? _____ No _____ Yes

Describe all planned activities: _____

What company or group will be overseeing the motor sports activities to ensure the safety of participants and spectators? _____

What agency or organization will be providing Fire protection, EMS and Rescue services to the participants? _____

Name: _____ Phone: _____

Address: _____

Email: _____

Site Plan Required:

(A site plan must accompany the application and show the following details)

- | | |
|---|----------------------------|
| Boundary limits of event site | Entrances to site |
| Amusement Rides (devices) | Outdoor lighting locations |
| Fire Protection Equipment | Overnight accommodations |
| First Aid Tents or Ambulances | Parking and Traffic flow |
| Food Service and Vendor locations | Security locations |
| Grandstands and Bleachers | Stages |
| Location and number of toilets | Tents |
| Open Burning | Water availability |
| Motorsports Track area (including vehicle run off and safety zones) | |

As owner of the property on which the event will be conducted, I authorize the Sheriff, the Fire Official, the Building Official, and their designees to enter onto the property upon which the event will be held at any time prior to or during the event for the purposes of determining compliance with the provisions of this permit or any other local, state or federal law.

Property Owner: _____ Date: _____

I, _____ as applicant agree to comply with the provisions of this permit,
(PLEASE PRINT NAME)

Applicant: _____ Date: _____

You are required to provide evidence that you have secured liability and casualty insurance for this event covering losses sustained by the County or any person as a result of death or injury to any person or damage to any property incurred as a result of negligent acts or omissions of persons attending, performing, working at, or traveling to and from this event. **Certificates of insurance must be delivered to the Community Development Department at least 14 days prior to the event and must be in a form and amount acceptable to the County Attorney.**

Permit #: _____

APPROVALS (Plan Review Release)

Building Inspection: _____ Date: _____

Emergency Management: _____ Date: _____

Environmental: _____ Date: _____

Fire : _____ Date: _____

Health Department: _____ Date: _____

Planning: _____ Date: _____

Public Works: _____ Date: _____

Rescue Squad: _____ Date: _____

Sheriff: _____ Date: _____

Zoning: _____ Date: _____

FINAL APPROVAL: _____ **DATE:** _____

Application Fee - \$50 required at time application is filed
Please make check payable to:
COUNTY OF POWHATAN