



Department of Growth Management

Open Air Gathering/Special Use Permit

Date: _____

Owner(s) of the property: _____

Address: _____ Phone No. _____

Operator's Name: _____

Address: _____

Phone No.: _____ Email Address: _____

Site address of gathering/special use: _____

What is the purpose of the gathering/special use: _____

How many people will be attending: _____

Date(s) of the gathering/special use: _____

The permit is valid for the dates indicated above.

Owner or Operator's Signature

If 500 people or less are attending, the following items must be submitted with the Open Air Gathering - Special Use Permit:

- A letter from the property owner giving permission for use of the property and indicating that sanitary facilities are available.
- A plot plan that shows the location of the gathering, tents, parking and site entrance.
- If a tent(s) is used, the vendor must provide proof to the Chief Fire Inspector that the tent(s) is fire retardant.
- A fee of \$100.00

If more than 500 people are attending, the following items must be submitted with the Open Air Gathering-Special Use Permit:

- A sketch or plot plan drawn to an appropriate scale with the following information:
 - Adequate ingress/egress to the site (ingress/egress must be from approved driveway)
 - Adequate parking (one parking space for every five patrons; parking on the right-of-way is prohibited)
 - Location of existing buildings
 - All proposed temporary structures (tents, stage, bleachers, etc.)
 - Location of any proposed signs

- Adequate sanitary facilities must be on site (this requires approval from the Department of Health)
- Demonstrate that security will be provided including at least one person with arrest powers.
- Proof of adequate plans for garbage disposal
- Provide a lighting plan during darkness, if applicable
- Provide plan for safe transportation of the patrons from the parking area to the event area
- Detailed description of the plan for traffic control, communications, fire protection and emergency services (including ambulance service)
- A written public liability insurance policy insuring the person staging, promoting or conducting the event against any and all claims and demands made by any person(s) for injuries received in connection with the event
- Names of all persons or vendors who will provide products, food, materials or services

To be completed by County staff:

Open Air Gathering Permit # _____ Address #: _____ Alt. Key #: _____

Zoning: _____ Use of site approved: _____ Yes _____ No

Do proposed signs comply with LDRs: _____ Yes _____ No

Do the temporary structures meet the setbacks: _____ Yes _____ No

Environmental Health review required: ___ Yes ___ No.

If yes, _____ Date: _____
(name and signature of staff person)

Public Works review required: ___ Yes ___ No.

If yes, _____ Date: _____
(name and signature of staff person)

Public Safety review required: ___ Yes or ___ No

If yes, _____ Date: _____
(name and signature of staff person)

Sheriff's Department notified ___ Yes or ___ No. If yes, name of contact: _____

Staff notes: _____

Name and title of Growth Management staff	Signature of staff	Date
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