

# PLANNING AND ZONING DEPARTMENT

MUNICIPAL CENTER, 196 NORTH MAIN STREET, SOUTHTON, CT 06489 (860)276-6248



## TEMPORARY SPECIAL EVENT SIGN OFF SHEET

APPLICANT/ORGANIZATION: \_\_\_\_\_

NAME/TYPE OF EVENT: \_\_\_\_\_

LOCATION OF PROPOSED EVENT: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_ EVENT HOURS: \_\_\_\_\_ SET UP TIME: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_

NUMBER OF VENDORS: \_\_\_\_\_ NUMBER OF SPECTATORS EXPECTED: \_\_\_\_\_ NUMBER OF VEHICLES EXPECTED: \_\_\_\_\_

NUMBER AND SIZE OF ANY PROPOSED OF TENTS: \_\_\_\_\_ WILL ELECTRICITY BE REQUIRED? \_\_\_\_\_

ARE FOOD TRUCKS PROPOSED? \_\_\_\_\_ If SO, HOW MANY: \_\_\_\_\_

IS LIVE MUSIC PROPOSED? \_\_\_\_\_ IS ALCOHOL PROPOSED TO BE SERVED? \_\_\_\_\_

ARE FIREWORKS PROPOSED? \_\_\_\_\_

PLEASE INCLUDE A SITE PLAN IDENTIFYING VENDOR/TENT LOCATIONS, FOOD TRUCK LOCATIONS, PARKING AREAS, SANITARY FACILITIES, TRAFFIC CIRCULATION, LOCATION OF PROPOSED FENCING, BARRIERS, SIDEWALK OR STREET CLOSURES, ETC.

PLEASE INCLUDE ANY PLANS FOR CROWD CONTROL WHICH INCLUDE SECURITY PERSONNEL OF POLICE OFFICERS AS NEEDED.

REPRESENTATIVE RESPONSIBLE: \_\_\_\_\_

REPRESENTATIVE'S ADDRESS: \_\_\_\_\_

REPRESENTATIVE'S TELEPHONE: \_\_\_\_\_ REPRESENTATIVE'S EMAIL: \_\_\_\_\_

PROPERTY OWNER'S TELEPHONE: \_\_\_\_\_ PROPERTY OWNER'S EMAIL: \_\_\_\_\_

SIGNATURE OF REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

In order for event to be approved, please obtain signatures from ALL departments listed below

<i>OFFICE USE ONLY:</i>	APPROVED	DENIED	COMMENTS	DATE
Planning & Zoning Department:	_____	_____	_____	_____
Building Department:	_____	_____	_____	_____
Engineering Department:	_____	_____	_____	_____
Health Department:	_____	_____	_____	_____
Fire Department:	_____	_____	_____	_____
Police Department:	_____	_____	_____	_____
Recreation Department	_____	_____	_____	_____