**TEMPORARY OUTDOOR EVENT PERMIT**

**Note:** TemporaryOutdoor Event Plan must accompany this application.

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| **A. APPLICANT INFORMATION** | **B. PROPERTY INFORMATION** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Block: \_\_\_\_\_\_\_\_\_\_\_\_\_ Lot(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Daytime only, please) | Lot size: \_\_\_\_\_\_\_\_\_\_\_ Zone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

For consideration of a Temporary Outdoor Event Permit in accordance with Mayor and Town Council’s concurrence, please provide the following:

1. Letter of Intent for the scope of proposed improvements and signed by preparer
2. Conceptual Plans for improvements and plans shall be drawn to scale
3. Scaled drawing of proposed design / location shall include:
   1. Temporary structures and equipment
   2. Tables, chairs, planters, storage
   3. Awnings, lighting, electrical outlets (if any)
   4. Fire hydrant, utility pole, parking meters
4. Clear indication of required pedestrian passageway
   1. Minimum four (4) foot wide ADA passageway
   2. ADA compliant sidewalk area to be kept clear
5. Outdoor area delineated by physical barriers
   1. Removable fencing, hedges, planters
   2. Barriers not to exceed 36” in height
   3. All items free of advertising signage
6. **Noted number of onsite parking and the reduction that may accompany any outdoor event area**

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Applicant Signature | Business Name Date

**Based on the information, this application is:**

**Denied \*Conditionally Approved Approved Permit No. TZN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Conditional Approval based on concurrent findings of the Town Engineer with any conditions.

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Zoning Official’s Signature Date

Comments / Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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