



# TEMPORARY EVENT PERMIT



APPLICANT INFORMATION	
name	phone number
mailing address	
email	

PROPERTY OWNER INFORMATION	
name	phone number
mailing address	
email	

GENERAL EVENT INFO		
type of event and description <i>(please be specific, use back if needed)</i>		
location of event		
dates	times	duration
anticipated number of attendees		

PARKING, PERMITS, & ZONING	
Other permits required? <i>(examples of activities that require additional permits are porta-johns, food service, tents, fireworks, bonfires, electric service, etc.)</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
list activities that require permits:	
number of parking spaces on-site	
number of parking spaces off-site <i>(if applicable)</i>	
location of additional parking spaces	
zoning classification	
Is event outside and within 500 feet of any residence? <i>(noise cease by 10pm)</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
How will noise be controlled generally?	

Please attach a site plan showing all property lines, permanent and temporary structures, activity areas, parking areas, entrances and pedestrian crossings.

Owner signature \_\_\_\_\_

Date \_\_\_\_\_

Town of Summerfield approval \_\_\_\_\_

Date \_\_\_\_\_