



APPLICATION FOR SPECIAL EVENT PERMIT

Event Description: (Please attach a detailed event description on a separate sheet)

Date(s) and Hours of Event: _____ to _____ of _____ **Time:** _____ to _____
Date Date Month AM/PM AM/PM

Event Location (Address/Boundaries):

Parcel Identification Number: 4708- _____ 4708- _____

Subdivision Name: _____ **Zoning of Parcel:** _____

| | | |
|---|---|--------------|
| Application Number: _____ (Assigned by Township) Application Date: _____ | <input type="checkbox"/> Community Organization Special Events (Signage Included) | \$ No Charge |
| | <input type="checkbox"/> Special Events, except Outdoor Seasonal Sales (75.00) | \$ _____ |
| | <input type="checkbox"/> Outdoor Seasonal Sales (\$75.00) | \$ _____ |
| | <input type="checkbox"/> Temporary Sign Request (\$15.00 per Sign) | \$ _____ |
| | <input type="checkbox"/> Cash Bond Required by _____ | \$ _____ |
| | Total Application Fee | \$ _____ |
| Total Bond Required | | \$ _____ |

APPLICANT INFORMATION

| | | | | | |
|--|--|---------------------------------|--|-----|--|
| Company Name | | | | | |
| Last Name | | First | | M.I | |
| Street Address | | | | | |
| City | | State | | Zip | |
| Phone | | E-mail Address | | | |
| Do You Own The Event Property? | Community Organization? | Name of Community Organization: | | | |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |

PROPERTY OWNER INFORMATION (IF OTHER THAN APPLICANT)

| | | | | | |
|----------------|--|----------------|--|-----|--|
| Company Name | | | | | |
| Last Name | | First | | M.I | |
| Street Address | | | | | |
| City | | State | | Zip | |
| Phone | | E-mail Address | | | |

| NEIGHBORHOOD ASSOCIATION (IF APPLICABLE) | | | | | |
|---|--|----------------|--|------|--|
| Neighborhood Association (Name) | | | | | |
| Last Name | | First | | M.I | |
| Street Address | | | | | |
| City | | State | | Zip | |
| Phone | | E-mail Address | | | |
| <p>The applicant and owner acknowledge that he/she has the sole responsibility of complying with the requirements of any applicable Hartland Township Ordinance notwithstanding the signature or approval of any employee(s) or official(s) of Hartland Township and that Hartland Township is not bound to recognize the approval of other action of any such employee(s) or official(s) which is not in compliance with any applicable Hartland Township Ordinance. The applicant and owner acknowledge information on this form may be shared with other agencies.</p> <p>We the undersigned, give permission for representatives of the Township of Hartland to enter the property to inspect the set-up, activity and clean-up for compliance with the Special Event Permit.</p> | | | | | |
| Applicant Signature | | | | Date | |
| Owners Signature | | | | Date | |

| Department of Public Works |
|--|
| Impact on existing Infrastructure and Utility Use is within an Acceptable Range as Proposed. DPW Director: _____ Date: _____ |
| Fire Department (if applicable) |
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> Reason/Conditions: _____ _____ Fire Marshall: _____ Date: _____ |
| Sheriff (if applicable) |
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> Reason/Conditions: _____ _____ Sheriff: _____ Date: _____ |

| Planning & Zoning | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Special Event Inspection Complete Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Access Requirements Met | <input type="checkbox"/> | <input type="checkbox"/> |
| Sign Requirements Met | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate of Insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Indemnification Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| Checklist Items Provided/Completed | <input type="checkbox"/> | <input type="checkbox"/> |
| Planning: _____ Date: _____ | | |
| Treasurer | | |
| This application is valid when signed by the cashier at the Treasurer's Office confirming payment of fees as noted. | | |
| Account Number: 101-000-622.000 (Application) \$ _____ | | |
| Receipt Number: _____ | | |
| Treasurer: _____ Date: _____ | | |

Code Enforcement Action: YES ☐ NO ☐

Resolved: YES ☐ NO ☐

Comment:
