

OFFICE OF THE PLANNING DIRECTOR  
**Troy Langer**

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**SUPERVISOR**  
 William Fountain

**CLERK**  
 Larry Ciofu

**TREASURER**  
 Kathleen Horning

**TRUSTEES**  
 Matthew Germane  
 Summer L. McMullen  
 Denise M. O'Connell  
 Joe Petrucci

**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:** \_\_\_\_\_

<b>Application Number:</b> <hr/> <b>(Assigned by Township)</b>  <b>Application Date:</b> <hr/>	<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? YES <input type="checkbox"/> NO <input type="checkbox"/>	Community Organization? YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of Community Organization:	

**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.</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:

\_\_\_\_\_