



Special Event Permit Application

Event Information:

Event Name: _____

Event Start Date: _____ Event End Date: _____

Frequency: _____ One Time _____ Daily _____ Weekly _____ Monthly _____ Other

Website (<http://www.website.com>) _____

Type of permit applying for: _____ County Road _____ Private Land

Applicant Information:

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Email: _____

Phone Number: _____

Alternate Contact (optional):

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Email: _____

Phone Number: _____

Organization (optional)

Name: _____

Address: _____

Phone: _____

Event Information:

Estimated Number of Participants: _____

Estimated Number of Spectators: _____

Hours of the event: From: _____ (AM/PM) To: _____ (AM/PM) Please make sure to list hours for each day if hosting a multi-day event.

Location of event: _____

Hosting Organization: _____ Non-Profit _____ For Profit

Affected Zip Codes: (Enter the zip codes where your county road event will take place)

Description of the event: (You must address all applicable requirements for the type of permit you are applying for)

ATTACH ANY ACCOMPANYING DOCUMENTS (MUST INCLUDE TRAFFIC CONTROL PLAN)