

APPLICATION FOR SPECIAL EVENTS

The undersigned owner or authorized agent applies for a permit for the special event as noted below in accordance with the laws and ordinances of the City of Stamford, and as set forth in the accompanying plans and specifications and Chapter 27 and 3 of the CT State Building Code.

PERMITTEE (EVENT ORGANIZER)

(Person responsible for supervision of event, coordination of permits, inspections and compliance with all codes and ordinances).

NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
ORGANIZATION (if any): _____
CONTACT PERSON: _____ PHONE: # _____
E-MAIL ADDRESS: _____

<u>INDICATE TYPE OF EVENT</u>	<u>INDICATE FACILITIES PROVIDED</u>	<u>INDICATE UTILITIES PROVIDED</u>
<input type="checkbox"/> PRIVATE PARTY	<input type="checkbox"/> TENTS	<u>ELECTRICITY:</u>
<input type="checkbox"/> CONCERT	<input type="checkbox"/> AMUSEMENT RIDES	<input type="checkbox"/> LIGHTS OUTLETS
<input type="checkbox"/> EXHIBITION SHOW	<input type="checkbox"/> RAISED PLATFORMS	<input type="checkbox"/> ELEC. PANEL BOARD
<input type="checkbox"/> PRIVATE FAIR	<input type="checkbox"/> PLATFORM OVER POOL	<input type="checkbox"/> GENERATOR
<input type="checkbox"/> CHARITY EVENT	<input type="checkbox"/> FOOD FOR PUBLIC	<u>COOKING/HVAC:</u>
<input type="checkbox"/> PUBLIC CARNIVAL	<input type="checkbox"/> COOKING EQUIP	<input type="checkbox"/> GAS PROPANE
<input type="checkbox"/> FUND RAISER	<input type="checkbox"/> SEATING STRUCTURE	<input type="checkbox"/> HEAT EQUIP
<input type="checkbox"/> OTHER	<input type="checkbox"/> VENDORS BOOTHS	<input type="checkbox"/> A/C EQUIP
	<input type="checkbox"/> OTHER	

PROPERTY LOCATION:

Property Address: _____
Parcel ID #: _____
Required Event Information: 2003IBC 2003IRC FLOOD ZONE

Date of Event: _____ Must be ready date of Requested Inspection: _____
Time of Inspection: _____ From: _____ To: _____
Tent Supplied by: _____
No of Tents: _____ Size: _____ Total sq. ft: _____

Total Occupancy: _____ (over 50 persons-emergency lights req'd) check if daytime event
Date to be Erected: _____ Date to be Removed: _____

Does event encroach on City sidewalk / street - Y N - if yes, you will need an Engineering sign-off

RAISED PLATFORMS, STAGES OR SEATING

- Check if you will provide a letter from a CT registered PE certifying that he/she has inspected the construction and same is designed to support a 100 PSF live load at time of inspection.
- Check if you have provided a plan, in duplicate, of raised platform, stage or seating structures with this application.

REQUIRED TRADE PERMITS

- Electrical (List contractor): _____
- HVAC (List contractor): _____

Signature of Owner _____

Signature of Applicant _____

Print Name _____

Print Name _____

Address _____

Address _____

AFFIDAVIT

STATE OF CONNECTICUT)

) Stamford This _____ day of 20__

COUNTY OF FAIRFIELD)

I, the undersigned, being duly sworn, hereby make this affidavit and say:

1. I am an agent of the Owner - Lessee of the building or structure

Licensed Engineer - Architect - employed in connection with the proposed work - all set forth in the application for Building permit.

2. The proposed work is authorized by the Owner in fee and the undersigned is authorized by the Owner in fee to make the application for the building permit.

Personally Appeared _____
who made oath to the truth of foregoing before me.

Notary Public _____
My Commission expires _____

Tax Collector _____ Assessor _____

Lot# _____ List# _____ EPPB _____

Health _____ Zoning _____

WPCA _____ Fire Marshal _____

The building official is authorized to issue a permit for temporary structure and temporary uses. Such permits shall be limited as to time of service, but shall not be permitted for more than 180 days. The building official is authorized to grant a single 180 day extension for demonstration cause.

The following shall be exempt from permit requirements:

- 1) Tents used exclusively for recreational camping purposes
- 2) Tent less than 350 square feet total area
- 3) Tents 900 square feet and smaller in total area when occupied by fewer than 50 persons, which have no heating appliances, no installed electrical service, and are erected for fewer than 72 hours

PERMIT APPLICATION FOR: **SPECIAL EVENTS**

BP - 20 _____
(FOR OFFICE USE ONLY)

FEE: _____ 00 _____

COST: _____ 00 _____

DATE: _____

OWNER: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE: _____

LOCATION: _____

APPLICANT: _____

EXPEDITER: _____

ADDRESS: _____

TOTAL SQ. FT: _____

CODE OFFICIAL: _____

REVIEWED BY: _____

DATE: _____

PERMIT: S _____

STATE TAX: S _____

TOTAL: S _____

BY: _____ CHECK () CASH ()