



COUNTY OF POWHATAN
 3834 OLD BUCKINGHAM RD SUITE A
 POWHATAN, VIRGINIA 23139
 TEL 804-598-5611 FAX 804-598-7835
 www.powhatanva.gov



PERMIT APPLICATION FOR A TEMPORARY EVENT Permit #: _____

Application must be completely filled out and submitted to the Powhatan County Parks and Recreation Department at least 14 days before the event. A site plan (drawing) must accompany the application along with a \$50.00 application fee. Attach additional sheets if necessary. For Rescue Squad Ground Event: Typical Set-up Modifications : _____

Application Date: _____ Event Date(s): _____

Event Name: _____

Event Hours: _____ Expected Crowd Size: _____

Event Location: _____

Permit Applicant:

Name: _____ Phone: _____

Address: _____ Phone: _____

Email _____

Food: (Indicate on the site plan where the food service vendor(s) will be located)

Will food be available for this event? Yes No

Plan for providing food and water for the event: _____

State Health Department permits may be needed for this event. Contact the Health Inspector at 804-748-1610.

Medical Facilities: (Indicate the location of the medical facilities on the site plan)

What type of medical first-aid will be available for the event attendees? _____

Will an ambulance or rescue squad be standing by? Yes No

What organization will provide this service? _____

Provide a contact name and phone number for this organization _____

Security:

Will security be provided for this event? Yes No

Will alcoholic beverages be supplied, sold or allowed at this event? Yes No

Explain: _____

What is your plan for providing adequate security and crowd control? _____

Will law enforcement officers be used for security at this event? Yes No How many? _____

Which law enforcement agency? _____

Provide a contact name and phone number for this agency _____

Will security be provided by a private company or private individuals? Yes No

How many security personnel will be provided? _____

Give the name and contact information for this private company:

Name: _____ Phone: _____

Address: _____ Phone: _____

_____ Phone: _____

City: _____ State: _____ Zip: _____

Email _____

Traffic: (Indicate the traffic direction and circulation on the site plan)

How will traffic on the event site be controlled? _____

What is your plan to control traffic entering and leaving the event site? _____

Will law enforcement officers be used to control entrance traffic at this event? Yes No

Which law enforcement agency? _____

Provide a contact name and phone number _____

Will overnight lodging be available for anyone at this event? Yes No

Explain: _____

Site Lighting: (Indicate the location of lighting equipment on the site plan)

Will lights or artificial illumination be used at this event? Yes No

What time will the lights be turned off? _____

Parking: (Indicate on your site plan the location of parking and number of spaces)

Will parking be located on the event site? Yes No

How many vehicles? _____

Will parking be provided off-site? Yes No

How many vehicles? _____

How will event attendees get from off-site parking to the event? _____

How many parking attendants will be provided? _____

Who will provide parking attendants? _____

What is your plan for overflow parking? _____

Fire Protection:

(Indicate the location of fire protection equipment, open burning and fireworks areas on you site plan)

Will the event feature outside fires? Yes No

Explain: _____

(Burn permits may be required)

Will the event feature fireworks? Yes No

Have you obtained a fireworks permit? Yes No

What fire protection equipment will be provided at the event? _____

Sanitation: (Indicate the location and number of toilet facilities and trash receptacles on the site plan)

What is the total number of existing available toilets on the site? _____

Number of portable toilets to be provided? _____

Number of handicap accessible toilets to be provided? _____

Number of trash receptacles to be provided? _____

Name and contact number of the person responsible for removing trash from the event site:

Music and Entertainment: (Indicate the location of any stage or seating area on your site plan)

Will music (live or recorded) be played at this event? Yes No

Will an amplified sound system be used at this event? Yes No

Will a stage be set at this event? Yes No

Who is the entertainment promoter?

Name: _____ Phone: _____
Address: _____ Phone: _____
_____ Phone: _____
City: _____ State: _____ Zip: _____
Email _____

Building Code: (Show the location of tents, grandstands and amusement rides on the site plan)

Will tents be set up for this event? Yes No

Are any tents larger than 900 square feet (30X30) in area? Yes No
(Tents greater than 900 sq.ft. require separate building permits)

What will be the use inside the tents? _____

Who will provide the tents for this event? _____

Contact Information:

Name: _____ Phone: _____
Address: _____ Phone: _____
_____ Phone: _____
City: _____ State: _____ Zip: _____
Email _____

Will grandstands or raised bleacher seating be provided: Yes No
(A building permit is required for temporary bleachers or grandstands)

Who will erect this seating: _____

Contact Information:

Name: _____ Phone: _____
Address: _____ Phone: _____
_____ Phone: _____
City: _____ State: _____ Zip: _____
Email _____

Will amusement devices (amusement rides, inflatable kiddy rides, climbing walls etc.) be provided at this event? Yes No List the types of devices: _____

**Application Fee - \$50 required at time application is filed – please make
check payable to**

COUNTY OF POWHATAN

As owner of the property on which the event will be conducted, I authorize the Sheriff, the Fire Official and the Building Official to enter onto the property upon which the event will be held at any time prior to or during the event for the purposes of determining compliance with the provisions of this permit or any other local, state or federal law.

Property Owner: _____ Date: _____

I, _____ as applicant agree to comply with the provisions of this permit,
(PLEASE PRINT)

Applicant: _____ Date: _____

You are required to provide evidence that you have secured liability and casualty insurance for this event covering losses sustained by the County or any person as a result of death or injury to any person or damage to any property incurred as a result of negligent acts or omissions of persons attending, performing, working at, or traveling to and from this event. **Certificates of insurance must be delivered to the Parks and Recreation Department at least 14 days prior to the event.**

A site plan of the event must accompany the application and show the following details:

Parking and traffic flow
Tents
Stages
Aid Tents or Ambulances
Open Burning
Water availability
Security locations

Location and number of toilet facilities
Amusement Rides (Devices)
Grandstands and bleachers
Fire Protection Equipment
Food Service and Vendor Locations
Overnight accommodations
Outdoor lighting locations

Approvals:

Permit #: _____

Plan Review Release:

Planning & Zoning: _____ Date: _____

Building Inspection: _____ Date: _____

Fire Official: _____ Date: _____

Sheriff: _____ Date: _____

Emergency Management: _____ Date: _____

Parks and Recreation: _____ Date: _____

County Administrator _____ Date: _____