

# 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 31 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: \_\_\_\_\_

### INDICATE TYPE OF EVENT

- PRIVATE PARTY
- CONCERT
- EXHIBITION SHOW
- PRIVATE FAIR
- CHARITY EVENT
- PUBLIC CARNIVAL
- FUND RAISER
- OTHER

### INDICATE FACILITIES PROVIDED

- TENTS
- AMUSEMENT RIDES
- RAISED PLATFORMS
- PLATFORM OVER POOL
- FOOD FOR PUBLIC
- COOKING EQUIP
- SEATING STRUCTURE
- VENDORS' BOOTHS
- OTHER

### INDICATE UTILITIES PROVIDED

- ELECTRICITY:**
- LIGHTS OUTLETS
  - ELEC. PANEL BOARD
  - GENERATOR
- COOKING/HVAC:**
- GAS PROPANE
  - HEAT EQUIP
  - A/C EQUIP

### **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