



CITY OF HEATH

200 Laurence Dr.
Heath TX 75032
972-961-4883 PH 469-273-4015 FAX

SPECIAL EVENTS PERMIT APPLICATION
PERMIT #: _____

APPLICANT INFORMATION

*****Application required 30 days prior to event.*****

DATE: _____
CONTACT NAME: _____ PHONE# _____ EMAIL _____
ADDRESS: _____

EVENT LOCATION AND DESCRIPTION

NAME OF EVENT: _____
FREQUENCY OF EVENT: ANNUAL FIRST TIME OTHER
EVENT LOCATION (ADDRESS): _____ SITE PLAN REQUIRED: YES/NO
NAME OF PROPERTY OWNER: _____ ADDRESS: _____
START DATE: ___/___/___ END DATE: ___/___/___ FROM: ___ AM / PM TO: ___ AM / PM
APPROVAL OF PROPERTY OWNER: _____ PHONE # _____

*(Signed letter of approval from property owner is **REQUIRED**)*

TYPE OF EVENT

- | | | | |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> FIREWORKS DISPLAY | <input type="checkbox"/> SIDE WALK SALES | <input type="checkbox"/> TENT SALES | <input type="checkbox"/> PARKING LOT SALES |
| <input type="checkbox"/> POLITICAL RALLY | <input type="checkbox"/> PARADE | <input type="checkbox"/> CARNIVAL | <input type="checkbox"/> MARATHON/RACE |
| <input type="checkbox"/> WALK-A-THON | <input type="checkbox"/> FESTIVAL | <input type="checkbox"/> OTHER _____ | |

EXPECTED NUMBER IN ATTENDANCE: _____

NUMBER OF POLICE OFFICERS: _____

(Required for mass gatherings; Police Chief to determine availability on requirement and hourly compensation)

TENT: YES OR NO IF SO: SIZE OF TENT? _____ DATE/TIME OF TENT SET UP: _____

(Required so we can schedule a Tent inspection with the Fire Marshal)

Where will signs/banners be posted? (Must be removed within 24 Hours after the event)

*** Note: Please include Site Plan to indicate number of vehicles, parking space availability, tents, animals, participants, route, etc., for consideration, if applicable to the event.**

**** Non-Profit status requires IRS TAX exemption Certificate # 501(C) 3 or registration of non-profit status from the State of Texas***

ACKNOWLEDGEMENT / SIGNATURE:

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. THE ISSUANCE OF AN EVENT PERMIT NEITHER EXEMPTS NOR MODIFIES ANY COVENANTS, DEED RESTRICTIONS, CITY ORDINANCES AND/OR STATE OR FEDERAL LAWS, WHETHER HEREIN SPECIFIED OR NOT.

Name of Applicant/Organization/Business _____

Authorized Applicant Signature _____

Date Signed ___/___/___

CITY PERSONNEL USE ONLY

Route to:

	<u>CONTACT</u>	<u>TITLE</u>	<u>PHONE #</u>
_____ <i>Community Development</i>	<i>Scott Qualls</i>	<i>Building Official</i>	<i>972-961-4891</i>
_____ <i>Police Department</i>	<i>Terry Garrett</i>	<i>DPS Chief</i>	<i>972-961-4900</i>
_____ <i>Fire Department</i>	<i>Billy Termin</i>	<i>Fire Marshal</i>	<i>972-961-4900</i>

Note: Please return 30 days prior to the event to the Building Inspections Department.

TOTAL FEES: _____.

OTHER PERMITS REQUIRED: YES NO

List: _____

DATE RECEIVED ___/___/___

PERMIT: APPROVED DENIED

SIGNATURE OF OFFICIAL: _____

DATE: ___/___/___

ADDITIONAL COMMENTS:

