

CITY OF FIRCREST  
115 Ramsdell Street  
Fircrest, WA 98466  
253-564-8901, FAX 253-566-0762

|               |
|---------------|
| Event # _____ |
|---------------|

## SPECIAL EVENTS PERMIT Application

Please fill out all the required information completely. Attach all site plans showing locations of all signs, fire hydrants, structures, and parking areas. Attach any routing maps for parades, races, including indications for all streets or portions of streets to be closed. Submit proof of liability insurance. The non-refundable application fee is due at the time of application. Fees for City support services (if necessary) will be paid after departmental review and determination of costs, before the permit is issued. Application shall be submitted to the City Clerk at least 30 days prior to the date of proposed event.

### PLEASE PRINT OR TYPE

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of Sponsoring Organizations

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

TYPE AND PURPOSE OF EVENT (in detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_

NUMBER OF PARTICIPANTS: \_\_\_\_\_

**ROUTE TO BE TRAVELED OR USED FOR PARADE OR RACE, ETC.**

(including staging area): \_\_\_\_\_

**APPROXIMATE TIME (AM/PM) OF:**

\_\_\_\_\_

|                   |                  |               |
|-------------------|------------------|---------------|
| <b>Assembling</b> | <b>Beginning</b> | <b>Ending</b> |
|-------------------|------------------|---------------|

**TIME (OR DAYS AND DATES) INVOLVED IN EVENT:**

\_\_\_\_\_

|                 |              |                    |                           |
|-----------------|--------------|--------------------|---------------------------|
| <b>Assembly</b> | <b>Event</b> | <b>Disassembly</b> | <b>Total Time or Days</b> |
|-----------------|--------------|--------------------|---------------------------|

**DESCRIPTION OF MARCHING UNITS, VEHICLES, AND BANDS**

(including size and number): \_\_\_\_\_

**NAME OF STREET (S) TO BE CLOSED OR ALTERED:** \_\_\_\_\_

**TYPE OF CLOSURE INCLUDING BARRICADE METHOD AND TIME LENGTH:**

*Closures requires proper barricades*

|                    |                    |                               |
|--------------------|--------------------|-------------------------------|
| <b>Half-street</b> | <b>Full-street</b> | <b>Temporary with Flagger</b> |
|--------------------|--------------------|-------------------------------|

The following is a checklist relating to any special event held on private or public property, or within a public right-of-way. Please check those items, which apply.

**WILL THERE BE ANY:**

- OPEN FLAME OR COOKING FACILITY**

If yes, please describe: \_\_\_\_\_

- ELECTRICAL POWER REQUIREMENTS FOR THE EVENT**

If yes, please describe: \_\_\_\_\_

- COMPRESSED GAS CYLINDERS**

If yes, please describe: \_\_\_\_\_

- DUMPSTER WITH CAPACITY OF 1.5 CUBIC FEET OR MORE**

If yes, please describe: \_\_\_\_\_

- TENTS, CANOPIES OR AWNINGS**

*(Fire Code Permits required for tents over 200 sq. ft. & canopies over 400 sq. ft.)*

If yes, please describe: \_\_\_\_\_

- FLOATS** *(Must be constructed of fire-retardant materials)*

If yes, please describe: \_\_\_\_\_

- TRAILERS, MOTOR HOMES, BOOTHS STAGES OR OTHER PORTABLE STRUCTURES** *(Building Permit may be required)*

If yes, please describe: \_\_\_\_\_

- TEMPORARY PARKING FACILITIES**

*(If Public ROW, Street Closure Permit may be required)*

If yes, please describe: \_\_\_\_\_

- TEMPORARY SIGNAGE** *(Temporary Sign Permit may be required)*

If yes, please describe: \_\_\_\_\_

- WILL SMOKING BE ALLOWED** *(Non-combustible ash containers required)*

If yes, please describe: \_\_\_\_\_

## READ CAREFULLY AND SIGN

If required by Risk Management, permittee agrees to supply the City Clerk with proof of Commercial General Liability insurance in the amount of \$1,000,000 combined single limits per occurrence, prior to obtaining permit. A copy of the endorsement naming the City as an additional insured must be attached to the Certificate of Insurance. Sponsoring agency agrees to reimburse damage repair to City property.

Permittee agrees to maintain access for emergency vehicles. Permittee agrees to pay for all required services by City or City-contracted personnel necessary for security and safety for the duration of the event. All estimated charges are listed below. Payment will be made prior to issuance of the Special Events Permit. If cancellation is necessary and notice to the City is given within 48 hours, fees for City support services will be refunded.

Permittee agrees to defend, indemnify and save harmless the City, its appointed and elective officers and employees from and against all loss or expense, including but not limited to judgments, settlements, attorney fees and costs by reason of any and all claims and demands upon the City, its elected or appointed officials or employees for damages because of personal or bodily injury, including death at any time resulting therefrom, sustained by any person or persons and on account of damage to property including loss of use therefrom, arising out of any activity under or in connection with this event, except only such injury as shall have been occasioned by the sole negligence of the City, its appointed or elected officers or employees.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### CITY REVIEW

**City Clerk/Risk Manager:** \_\_\_\_\_  Approved  Denied

Comments: \_\_\_\_\_

**Police Department:** \_\_\_\_\_  Approved  Denied

Comments: \_\_\_\_\_

**Fire Department:** \_\_\_\_\_  Approved  Denied

Comments: \_\_\_\_\_

**Public Works Department:** \_\_\_\_\_  Approved  Denied

Comments: \_\_\_\_\_

**Recreation Department:** \_\_\_\_\_  Approved  Denied

Comments: \_\_\_\_\_

**City Manager:** \_\_\_\_\_  Approved  Denied

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Permit Fee: \$25.00 Date: \_\_\_\_\_ Received By: \_\_\_\_\_

( ) cash ( ) check Check Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_