

# Special Event Request Form

Revised 8/5/14, Effective 7/31/15

This request form is required for non-government entities for all special events requiring a road, land, and/or shoulder closure, or repurposing of a State Highway System facility for something other than its intended use, except where a county or municipality is regulating the use of the highways in accordance with [General Statute §20-169](#). This form must be submitted with a formal request to the appropriate Division Engineer(s) at least sixty (60) days prior to the scheduled beginning of the event. See a listing of the Highway Divisions and their contact information at the following url:

<https://apps.dot.state.nc.us/dot/directory/authenticated/UnitPage.aspx?id=630>

## **Section A: Event Information**

Name of Event: \_\_\_\_\_

Type of Event: \_\_\_\_\_

County/Counties: \_\_\_\_\_

City/Cities: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Event Time(s): \_\_\_\_\_

Primary Sponsoring Organization: \_\_\_\_\_

Anticipated Number of Participants (estimate): \_\_\_\_\_

Anticipated Number of Spectators (estimate): \_\_\_\_\_

Approximate Distance in miles: \_\_\_\_\_

Requested Action(s):  
(Check all that apply)  Road Closure  Lane Closure  Shoulder Closure  
 Repurposing a State Highway System facility for something other than it's intended use.

## **Section B: Contact Information**

Director/Organizer Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Responsible Local Government: \_\_\_\_\_

Local Government Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsible Law Enforcement Agency: \_\_\_\_\_

Law Enforcement Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## CHECK ALL THAT APPLY TO YOUR SPECIAL EVENT

- Traffic Control Required
- Equipment/vehicle staging on-site or off-site
- Use of Town of Andrews streets or right of ways
- On-street and/or venue parking
- Fire, Police, or other municipality agency participation
- Sales events, sidewalk sales, parking lot sales
- Tents and/or semi-permanent structures utilized
- Alcohol and/or food served
- Adjacent to residential property
- 12-24 hour event duration
- Use of amplified music and/or entertainment
- Waste/recycling collection
- Special lighting
- Portable restrooms

Please provide information on any of the checked items above:

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## INSURANCE

A *Certificate of Insurance* is required. Please provide the name and contact information for the insurance company that is providing the Certificate of Insurance. Please note that the Town of Andrews must be listed as an additional insured.

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## STANDARD EVENT CONDITIONS

The sponsor(s) and/or applicant(s) certify that they have read and thoroughly understand the Town of Andrews Ordinance requiring this permit in order to conduct public street festivals and special events within the Town of Andrews. All questions on the application are answered honestly and completely. All required forms and documentation are attached.

It is understood that the Town of Andrews may require an officer in place as security for the event. The rate of pay for each off-duty officer is currently \$\_\_\_\_\_ per hour; and this expense shall be incurred solely by the event sponsor/applicant.

By signing this Application, we are certifying that I/we are authorized to act for the sponsor(s)/applicant(s) identified on this Application. I/We understand that the approval of this permit in no way constitutes or signifies Town sponsorship of the activity or function conducted by the sponsor(s)/applicant(s). I/We shall defend, save harmless and indemnify the Town of Andrews against any tort, liability, claim, demand, or other legal action; whether groundless or otherwise arising out of an alleged act or omission occurring by the use of this permit.

This the \_\_\_\_\_ Day of \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_(seal)  
Applicant/Sponsor Signature

## APPROVAL PROCESS

This special event application is:

APPROVED: \_\_\_\_\_ With Stipulations (if none, please indicate):

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Certificate of insurance received on: \_\_\_\_\_

DENIED: \_\_\_\_\_ Reason for denial:

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This the \_\_\_\_\_ Day of \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_(seal)  
Chief of Police

This the \_\_\_\_\_ Day of \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_(seal)  
Town Clerk