



PO Box 2430
Indian Trail, NC 28079
Telephone (704) 821-5401
PLANNING AND NEIGHBORHOOD SERVICES

SPECIAL EVENT PERMIT

EVENT: Subject to all requirements of Chapter 450 of the Unified Development Ordinance

Examples of Special Events

- Food vendors
 - must be in conjunction with a local restaurant or non-profit sponsored event
 - are required to have appropriate state and county permits.
- Circus
- Carnival/Street Fair
- Flea Market
- Rodeo

Submittal Requirements (Application shall be received at least 2 months prior to the requested start date to allow for proper notification and Board of Adjustment hearing.)

- Written permission and Letter of Intent from the property owner
- Statement of Fees to be charged at special event
- Site Plan
- Approximate number of people, animals, and vehicles to be used
- Proof of insurance
- Union County Health Department approval for any event involving food service

Approval Criteria

- Special Event, hours of operation, and amount of noise and lighting must be compatible with the zoning district and surrounding land uses
- Special Event shall not have adverse impacts on surrounding properties
- Special Event shall provide adequate safety personnel and sanitation facilities
- Any temporary structures and litter shall be removed at the owners expense within 10 days of event completion
- Adequate off-street parking will be provided and will not disrupt normal flow of traffic
- Only one permit and one renewal are allowed within any 12-month period
- Additional conditions may be placed on permit to ensure requirements are met

Name/Title of Event: _____

Date(s) of Event: _____

Location: Describe specific location, including a drawing/detailed site plan to include area used, entry and exits, structure locations, bleachers, canopies, fences, displays, concessions, etc.

Description of Event (examples of special events include circus, carnival, rodeo, flea market):

Event Start/End Times (maximum allowable time is 14 days):

GENERAL INFORMATION

Project Address _____

City _____ State _____ Zip _____

Tax Parcel ID _____ Zoning Designation _____

Total Acres _____ Impervious Area _____

APPLICANT

Organization: _____ Phone: _____

Contact Person: _____ Phone: _____

Mailing Address: _____

Email: _____

PROPERTY OWNER

Name: _____ Phone: _____

Mailing Address: _____

Email: _____

Applicant's Certification

Signature _____ Date _____

Printed Name/Title _____

Signature of Notary Public _____ Date _____

Notary Seal

Owner's Certification

Signature _____ Date _____

Printed Name/Title _____

Signature of Notary Public _____ Date _____

Notary Seal

Town of Indian Trail Office Use Only	
Case Number: _____	
Date Received: _____	Amount of Fee: _____
Received By: _____	Receipt # _____

DEPARTMENT APPROVAL (if applicable)

Town Engr: _____
SIGNATURE DATE

NC DOT: _____
SIGNATURE DATE

Fire Marshal: _____
SIGNATURE DATE

Union Co.
Health Dept.: _____
SIGNATURE DATE

Building
Inspector: _____
SIGNATURE DATE

Proof of Insurance: _____ _____ If yes, please provide a copy.
 YES NO

The applicant is responsible for contacting Union County Sheriff's Department for traffic ingress and egress issues for the event.

Applicant declares all information submitted on this application is true and accurate. Applicant will immediately notify the Zoning Administrator of any additions or changes that arise after application is submitted. Changes could result in denial or revocation of permit. On behalf of the above organization(s) and all members thereof, applicant agrees to abide by all policies, procedures and instructions set forth or provided by the Town of Indian Trail, its staff, officers and designated agents; and will also comply with all relevant local, state and federal regulations.

Applicant Signature: _____

Date: _____

Town of Indian Trail



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PLANNING AND NEIGHBORHOOD SERVICES

**GROUP/ORGANIZATION
WAIVER AND RELEASE OF LIABILITY**

ORGANIZATION/GROUP NAME: _____

EVENT NAME: _____

EVENT DATE(S): _____

ON BEHALF OF THE ABOVE ORGANIZATION/GROUP, I expressly WAIVE, RELEASE, and DISCHARGE the Town of Indian Trail, its officers, agents, and employees or any other person from any and all LIABILITY for any death, disability, personal injury, property damage, property theft or actions, including any alleged or actual negligent act or omissions, regardless of whether such act or omission is active or passive which may accrue to myself or members of my organization/group or our heirs in connection with our participation in the above described event. I fully understand and acknowledge that the Town of Indian Trail is relying on my representation that I have authorization to sign this document and that I will provide all members of my group a completed copy of this Waiver prior to our participation.

I expressly INDEMNIFY AND HOLD HARMLESS the Town of Indian Trail, its elected and appointed officers, agents and employees from any and all liabilities or claims made by me or my organization/group, my/our heirs and any other individuals or entities as a result of any of my/our actions in connection with my/our participation in this event except for those claims arising from the sole negligence or sole willful conduct of the Town, its officers, employees, volunteers or other representatives. Such indemnification includes liability settlements, damage awards, costs and attorney fees associated with any such claims.

I hereby certify that I have read this document, understand its content, and am authorized to sign this document on behalf of all members of the group I represent.

DATE: _____

SIGNATURE: _____

NAME: _____ TITLE: _____

ADDRESS: _____