



# **SPECIAL EVENT PERMIT**

## Zoning Permit Review

### TYPES OF APPLICATIONS & PROCESSING FEES

Special Event

30.00

### ***SUBMITTAL REQUIREMENTS***

- Completed application with proposed location, dates and times, and hours of operation
- Written permission and Letter of Intent from the property owner
- Statement of Fees to be charged at special event
- Site Plan (detailing location of structures, parking, and a plan for returning site to original condition)
- Approximate number of people, animals, and vehicles to be used
- Proof of insurance
- Union County Health Department approval for any event involving food service
- If sale of alcoholic beverages, written approval from the ABC Board
- All events are subject to all requirements of Chapter 450 of the Unified Development Ordinance (UDO). Please be advised additional conditions may be placed on permit to ensure requirements are met

### ***NOTES***

- The maximum period for a special event is 14 days
- The Special Event, hours of operation, and amount of noise and lighting must be compatible with the zoning district and surrounding land uses
- The Special Event shall not have adverse impacts on surrounding properties
- The Special Event shall provide adequate safety personnel and sanitation facilities
- Any temporary structures and litter shall be removed at the owner's expense within 10 days of event completion
- Adequate off-street parking will be provided and will not disrupt normal flow of traffic
- Only three (3) permits are allowed within any 12-month period
- 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
  - Tent Sale

## SPECIAL EVENT PERMIT

GENERAL INFORMATION	
Name of Event:	Event Location:
Date(s) of Event:	Parcel Number:
Start and End Times (max allowable time is 14 days):	Zoning District:
Description of Event:	Event Equipment or Structures (i.e., bleachers, concessions, canopies, etc.):
PROPERTY OWNER CONTACT	
Property Owner's Name	Address
Phone	Email
Signature	Date
Notary	Date

## **SPECIAL EVENT PERMIT**

***IMPORTANT:*** The applicant is responsible for contacting Union County Sheriff's Department to discuss potential 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.*

<b>PROJECT CONTACT (APPLICANT)</b>	
Applicant's Name	Company
Occupation	Address
Phone	Email
Signature	Date
Notary	Date

**Town of Indian Trail**



PO Box 2430

Indian Trail, NC 28079

Telephone (704) 821-5401

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: \_\_\_\_\_