



CITY OF HENDERSON
DEVELOPMENT SERVICES

134 ROSE AVENUE
HENDERSON NC 27536
252-430-5723 phone
252-492-7935 fax
www.ci.henderson.nc.us

SPECIAL EVENT APPLICATION
\$50 FEE

Owner's Name (As Listed on Tax Records)*:	Applicant's Name:
Street Address:	Property Address:
City, State Zip	City, State Zip
Contact phone #:	Contact phone #:
Email Address:	Email Address:
Parcel ID:	Zoning District:

****If the owner is different from the tax record, you must provide proof of ownership.***

PLEASE ANSWER THE FOLLOWING GENERAL QUESTIONS:

1. Name of Special Event & Location: _____
2. How long will the special event last? Please give times. _____
3. Is the special event Inside or Outside or Both? _____
4. How many are attending the special event? _____
5. Describe the proposed planned event activities? _____

6. How many sanitary facilities will be provided? _____
7. Will there be any event equipment such as tents, booths, canopies, stage & platforms? Please provide size and quantity. _____

PLEASE CHECK YES OR NO FOR THE FOLLOWING GENERAL QUESTIONS:

1. Will emergency vehicles have access to the site? _____ Yes _____ No (If no, please explain:)

2. Will security be provided at the event? _____ YES OR _____ NO
3. Will alcoholic beverages be sold or allowed to be consumed? _____ YES OR _____ NO
4. Will the event require the closing of any streets? _____ YES OR _____ NO
5. Will there be any type of temporary structure(s) for this event? _____ YES OR _____ NO
6. Will there be a designated area for parking? _____ YES OR _____ NO

ATTACH TO THIS APPLICATION:

***The applicant will be required to provide a site plan for the sanitary facilities, temporary structures, and parking areas.**

CERTIFICATION OF APPLICANT AND/OR PROPERTY OWNER

I certify that all the information presented to me in this petition/application is accurate to the best of my knowledge, information, and belief. Further, I understand that, should this petition/application be approved, no site activity can take place until a site plan and/or any other permits are issued.

Owner Signature or Authorized Agent

Date

Applicant Signature

Date

Signatures below hereby acknowledge notice of issuance of this permit:

Police Chief

Date Approved

Fire Chief

Date Approved

Zoning Administrator

Date Approved