



**CITY OF HENDERSON**  
**PLANNING & COMMUNITY DEVELOPMENT**

P O Box 1434 - 134 Rose Avenue, Henderson, NC 27536 / Ph: (252) 430-5723 – Fax: (252) 492-7935



**SPECIAL EVENT APPLICATION**  
**(Fee: \$50 Commercial)**

Date: \_\_\_\_\_

PIN #: \_\_\_\_\_

Name of Special Event: \_\_\_\_\_ Street Address: \_\_\_\_\_

Applicant's Name:	Tax Map # _____	Block _____	Lot _____
Address:	Property Owner's Name:		
City, State, Zip:	Address:		
Contact phone #:	City, State, Zip:		
Email Address:	Contact phone #:		
	Email Address:		

Event Starting Date: \_\_\_\_\_ Event Ending Date: \_\_\_\_\_ Time(s): \_\_\_\_\_

Inside event \_\_\_\_\_ Outside event \_\_\_\_\_ Both \_\_\_\_\_

Estimated number of people attending the event: \_\_\_\_\_

Description of proposed activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Will emergency vehicles have access to the site? \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, please explain:) \_\_\_\_\_

Will security be provided at the event? \_\_\_\_\_ Yes \_\_\_\_\_ No (Explain security arrangements:) \_\_\_\_\_

Will alcoholic beverages be sold or allowed to be consumed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will the event require the closing of any streets? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of sanitary facilities: \_\_\_\_\_ (Location of sanitary facilities need to be shown on site plan).

Will there be any type of temporary structure(s) for this event? \_\_\_\_\_ Yes \_\_\_\_\_ No (Structures need to be shown on site plan).

Will there be a designated area for parking? \_\_\_\_\_ Yes \_\_\_\_\_ No (Location of parking need to be shown on site plan).

**(SANITARY FACILITIES, TEMPORARY STRUCTURES, AND PARKING NEED TO SHOWN ON A SITE PLAN.)**

*I hereby certify that all data contained herein as well as all supporting data are true and correct to the best of my knowledge.*

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**                      **OFFICE USE ONLY**                      **OFFICE USE ONLY**                      **OFFICE USE ONLY**

Fee: \_\_\_\_\_ How Paid: \_\_\_\_\_ Rec'd By: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt#: \_\_\_\_\_

Use No. \_\_\_\_\_ Zoning \_\_\_\_\_ Front Setback \_\_\_\_\_ Side Setbacks \_\_\_\_\_ Rear Setback \_\_\_\_\_ Lot Width \_\_\_\_\_ Min. Lot Area \_\_\_\_\_

Max. Height of Structure \_\_\_\_\_ Max. % of Cover \_\_\_\_\_ Off-Street Parking Spaces \_\_\_\_\_ City / ETJ \_\_\_\_\_ Flood Zone \_\_\_\_\_

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

Signatures below hereby acknowledge notice of issuance of this permit:

\_\_\_\_\_  
 Police Chief

\_\_\_\_\_  
 Date Approved

\_\_\_\_\_  
 Fire Chief

\_\_\_\_\_  
 Date Approved

\_\_\_\_\_  
 Zoning Administrator

\_\_\_\_\_  
 Date Approved