



# EVENT PERMIT APPLICATION

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Submit to: Engineering Division, 631 Perry Street, Defiance, OH 43512

at least fourteen (14) working days prior to the date of the event.

**EVENT** = closure of street(s), sidewalk, park, parking lot, parade, construction, special event, etc.

EVENT: \_\_\_\_\_

DATE of EVENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ or DATE(S) of EVENT: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

TIME(S): BEGIN: \_\_\_\_:\_\_\_\_ am/pm END: \_\_\_\_:\_\_\_\_ am/pm

RESPONSIBLE PERSON/ENTITY/ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

REASON/PURPOSE FOR CLOSURE(S): \_\_\_\_\_

Check all that apply for your event.

<input type="checkbox"/> STREET(S) CLOSURE NEEDED Street(s) name: _____
<input type="checkbox"/> SIDEWALK(S) CLOSURE NEEDED Location: _____
<input type="checkbox"/> LARGE EQUIPMENT/MACHINES USED List equipment: _____
<input type="checkbox"/> BARRICADE(S) NEEDED

Are you carrying liability insurance on the event?  Yes, Amount \$ \_\_\_\_\_  No

Has any other agency been notified? (i.e. Fire Dept., County Engineer, ODOT) Please specify agency and the contact person: \_\_\_\_\_

**ORGANIZATION: YOUR RESPONSIBILITY:** Approximate number of participants \_\_\_\_\_

Check all that apply for your event. The following is **YOUR** responsibility.

<input type="checkbox"/> <b>PORTABLE TOILETS</b> You arrange ordering and payment with delivery locations and pick-up dates and times.	<b>Local Vendor option:</b> Black Swamp Equipment, 419-782-6615 <a href="http://www.blackswampequipment.com/portabletoilets">www.blackswampequipment.com/portabletoilets</a> Regular restrooms, handicap units, and hand washing stations available to rent.
<input type="checkbox"/> <b>TRASH CANS or Mighty Tidy</b> You arrange ordering and payment with delivery locations and pick-up dates and times.	<b>Local Vendor options:</b> Werlor, Inc., 419-784-4285 <a href="http://www.werlor.com">www.werlor.com</a> Defiance County Environmental Services, 419-782-5442
<input type="checkbox"/> <b>TENT PERMIT:</b> is required if tent is 400 sq. ft. or larger and requires a Fire Department Inspection.	Contact Building Inspection Department 419-784-2195 Date: _____ Time: _____
<input type="checkbox"/> <b>USE OF FIRE LANE</b> You contact the Fire Department to arrange.	Fire Department 419-782-2771 Date: _____ Time: _____
<input type="checkbox"/> <b>VENDOR AREA INSPECTION</b> You contact the Fire Department to arrange.	Fire Department 419-782-2771 Date: _____ Time: _____
<input type="checkbox"/> <b>STAGE</b> Number of stages: _____	
<input type="checkbox"/> <b>BANDS</b> Number of bands: _____	
<input type="checkbox"/> <b>LIQUOR LICENSE You arrange.</b> F Permit Application must be filed 30 days prior to date of function (Ohio Department of Commerce - Division of Liquor Control)	Did you obtain DLC Form 4221 Tenancy & Police Notification form for a temporary permit with signatures? <input type="checkbox"/> Yes <input type="checkbox"/> No

(More information needed on back, over please)

**ORGANIZATION: ADDITIONAL PARADE/WALK/RUN INFORMATION NEEDED:**

Organization, please answer all the questions.

Explain the Route of the Parade/Walk/Run, and provide map:

Will vehicles/floats be used?  Yes  No If yes, list type and approximate quantity of vehicles/floats:

Will animals be used?  Yes  No If yes, list type and approximate quantity of animals:

NOTE: You are responsible for animal waste clean-up.  Yes, I acknowledge.

Will Bands be used?  Yes  No If yes, list approximate number of bands: \_\_\_\_\_

Will additional parking spaces be required for vehicles not in the parade/walk/run?  Yes  No  
If yes, list location of spaces requested:

**(CITY USE ONLY) CITY LOGISTICS: (CITY USE ONLY)**

ITEMS NEEDED FOR THE EVENT:	RESPONSIBLE DIVISION:	DATE and TIME to SET UP:	DATE and TIME to TAKE DOWN:	NOTES:
<input type="checkbox"/> <b>BARRICADE(S)</b> Quantity needed: _____ Type needed: <input type="checkbox"/> Wooden <u>OR</u> <input type="checkbox"/> metal <input type="checkbox"/> Flashing Lights <u>OR</u> <input type="checkbox"/> No lights Location:	Police Dept. Street Dept.	Date: Time:	Date: Time:	
<input type="checkbox"/> <b>ROAD CLOSURE SIGN(S)</b> Quantity needed: _____ Location:	Police Dept. Street Dept.	Date: Time:	Date: Time:	
<input type="checkbox"/> <b>NO PARKING SIGN(S)</b> Quantity needed: _____ Location:	Police Dept. Street Dept.	Date: Time:	Date: Time:	
<input type="checkbox"/> <b>FLASHING MESSAGE BOARD(S)</b> Quantity needed: _____ Location:	Engineering Dept.	Date: Time:	Date: Time:	
<input type="checkbox"/> <b>DIRECTING ARROW BOARD(S)</b> Quantity needed: _____ Location:	Police Dept. Street Dept.	Date: Time:	Date: Time:	
<input type="checkbox"/> <b>TRAFFIC CONTROL</b> <input type="checkbox"/> Yes, needed by City <input type="checkbox"/> No <input type="checkbox"/> Event will provide the volunteers: # _____ Location:	Police Dept. Police secure area.	Date: Time:	Date: Time:	

**\*NOTE: During working hours:** Streets Department will set up and take down;

**During off hours:** Streets Department will deliver at set location(s) and Police will put up and take down on day of event.

**CITY USE ONLY:**

**APPROVED**

**DENIED**

Revised 6-2019

\_\_\_\_\_  
(CITY ENGINEER)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SERVICE DIRECTOR)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(CITY ADMINISTRATOR)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(POLICE CHIEF)

\_\_\_\_\_  
(DATE)

**\*The City of Defiance reserves the right to reject and/or amend any permit issued. cc:**  Defiance Fire Chief  DDVB  Other