

EVENT PERMIT APPLICATION

Codes/ Zoning Officer
(315)534-2232 cell

Town of Newport
P.O. Box 519, Newport NY 13416

Phillip D Green
Newportzoningcodes@ntcnet.com

To be submitted 60 days prior to event. **Class 3** event submittal required 90 days prior to event.

Date of Application:

Name of Event:

Charitable/Non-Profit: _____

Other: _____

Date of Event:

Rain Dates:

Property Location:

Zoning Zone:

Applicant or Responsible Officer:

Name:

Address:

Phone Number:

Alt. Phone Number:

E-Mail Address:

Contact Person:

___ Same as Applicant

Name:

Address:

Phone Number:

Alt. Phone Number:

Email Address:

Owner of Property:

___ Same as Applicant

Name:

Address:

Phone Number:

Alt. Phone Number:

Email Address:

Manager of Event:

___ Same as Applicant

Name:

Address:

Phone Number:

Alt. Phone Number:

Email Address:

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EVENT INFORMATION

Total Number of People per Day: _____

Workers: _____

Spectators: _____

Duration: _____ Day(s)

Dates:

Date(s) for Setup:

Date(s) for Cleanup:

Hours of Operation:

Setup Time:

Event Start Time

Event End Time:

Cleanup/Closing Time:

Event Description: (provide website if available)

Provide a description including a detailed explanation of the purpose of the event, the nature of the activities to be carried on, the objective and how the event is in compliance with Town Code. Additional sheets may be added if necessary.

Local Groups, Organizations, Charities or Individuals who will benefit from the proceeds of the event and who are designated to receive proceeds.

Name:

Address:

Amount:

Name:

Address:

Amount:

SIGNAGE

Free Standing Signs ONSITE

Number _____

Size _____

Location _____

Free Standing Signs OFFSITE

Number _____

Size _____

Location _____

The following information must be submitted: A detailed map or plan, drawn to scale, showing all of the required elements listed below with a summary of items included on map, as well as all other applicable information and material required.

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**Please indicate by check mark the following information which has been included.
Insert "N/A" if not applicable. No Blanks.**

1. ___ Application Fee
 Small - 100 to 500 people/day - \$50
 Medium - 500 to 1500 people/day - \$75
 Large - Greater than 1500 people/day - \$100
2. ___ Comprehensive Liability Insurance Naming the Town of Newport as an additional insured.
3. ___ Copy of current contract or agreement with property owner.
4. ___ Detailed Map, Plan or Sketch, Showing the Following:
 Location, Size and Number of the Following checklist of items:
 - a. ___ Existing Building(s) or Structure(s)
 - b. ___ Proposed Temporary Building(s), Structure(s) or Trailer(s)
 - c. ___ All Access Roads Including Internal Circulation
 - d. ___ Tent(s) including size, number and location
 - e. ___ Stages, Decks, Bleachers, Platforms
 - f. ___ Areas of Assembly for Spectators, Vendors, Exhibitors
 - g. ___ Exits, Width(s) Specified
 - h. ___ Restrooms
 - i. ___ All Temporary Utilities
 - j. ___ All Audio Equipment
 - k. ___ Location of Fire Extinguishers, Fire Lanes, Water Supply
 - l. ___ Dumpsters, Trash Barrels
5. ___ Plan for Disposal of Garbage, Trash, Rubbish and Sanitary Waste and Sewage
6. ___ Parking Plan
7. ___ Plan and Drawing of all Signs
8. ___ Lighting Plan

PLEASE SUBMIT ORIGINAL APPLICATION, PLANS AND ALL OCUMENTATION

I hereby depose and certify that all the above statements and information and all information and statements contained in the supporting documents and drawings attached hereto are true and correct. I hereby agree to provide notice in writing to the Town Clerk's Office immediately, should there be any material changes regarding the information submitted in this specification. I hereby authorize officials and employees of the Town of Newport to enter the property to make any and all inspections necessary in conjunction with this Event.

Printed Name:

Signature:

Date:

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FOR ZONING OFFICER USE ONLY

Event Classification Information per Paragraph b) Classification of Ordinance. Review the below items and place an check mark where the event will have an impact.

- a. ___ A substantial adverse change in existing air quality, ground or surface water quality or quantity, traffic or noise levels; a substantial increase in solid waste production; a substantial increase in potential for erosion, flooding, leaching or drainage problems
- b. ___ The removal or destruction of large quantities of vegetation or fauna; substantial interference with the movement of any resident or migratory fish or wildlife species; impacts on a significant habitat area; substantial adverse impacts on a threatened or endangered species of animal or plant, or the habitat of such a species; or other significant adverse impacts to natural resources
- c. ___ The impairment of the environmental characteristics of a Critical Environmental Area as designated pursuant to SEQR 617.14(g)
- d. ___ The creation of a material conflict with a community's current plans or goals as officially approved or adopted
- e. ___ The impairment of the character or quality of important historical, archeological, architectural, or aesthetic resources or of existing community or neighborhood character
- f. ___ A major change in the use of either the quantity or type of energy
- g. ___ The creation of a hazard to human health
- h. ___ A substantial change in the use, or intensity of use, of land including agricultural, open space or recreational resources, or in its capacity to support existing uses
- i. ___ Changes in two or more of the above elements of the environment, no one of which has a significant impact on the environment, but when considered together result in a substantial adverse impact on the environment

Based on the above factors three classification levels are identified. Meeting any of the above factors will require the promoter to provide any planned mitigation of the factor for review by the town. The three classification levels are as follows.

Class 1 - No impact (doesn't meet any of above criteria)

Class 2 - Little impact (meeting 1 or more factors, but no SEQR required)

Class 3 - Major impact (meeting 1 or more factors, SEQR required)

This Event is classified as: (Zoning Officer to place an 'X' next the appropriate Class)

Class 1 Event ___

Class 2 Event ___

Class 3 Event ___

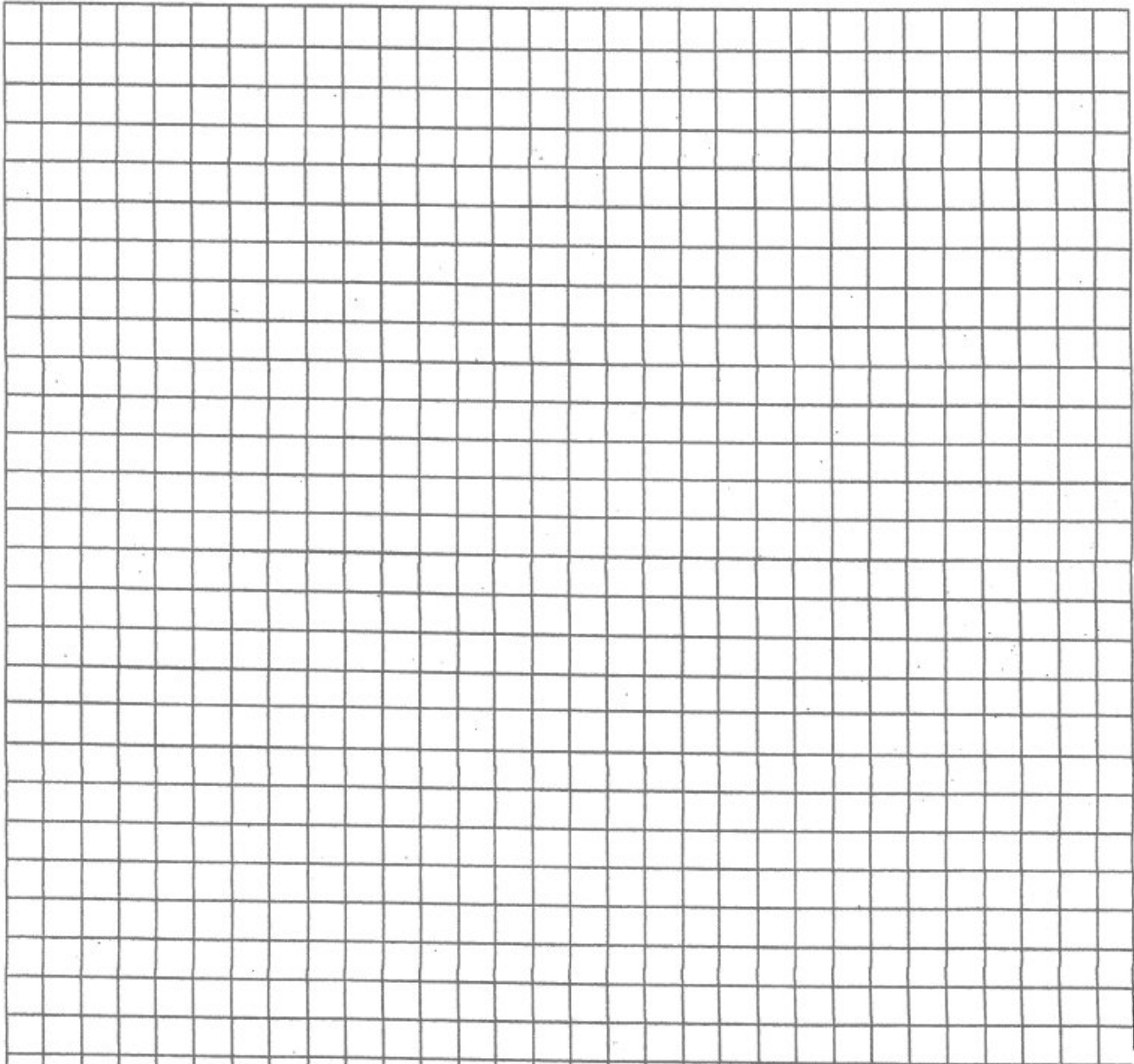
Date:

Zoning Officer Signature:

PLOT DIAGRAM

Locate clearly and distinctly all buildings, whether existing or proposed, and include all setback dimensions from property lines. Give lot and block numbers or description according to deed, and show all easements and street names and indicate whether interior or corner lot, or supply an approved plot plan showing all the above requirements.

DATE _____



NOTE:

1. IF THIS IS A VACANT LOT PRINT IN DIMENSIONS OF NEW BUILDING.
2. IF THERE IS AN EXISTING BUILDING AND A PROPOSED ADDITION PRINT IN DIMENSIONS AND SHOW ADDITION.
3. FOR NEW BUILDINGS, SUBMIT AN INSTRUMENT SURVEY OF FOUNDATION LOCATION TO THE BUILDING DEPARTMENT FOR APPROVAL BEFORE A CERTIFICATE OF OCCUPANCY IS ISSUED.

FRONT PROPERTY LINE