



SPECIAL EVENT PERMIT REQUIREMENTS & PROCEDURES

80 Front Street – PO Box 558 - Lovingson, VA 22949
(434) 263-7090 [Phone] • (434) 263-7086 [Fax]

*Applications may be submitted by email, fax, in-person, or postal mail.
Processing cannot begin until the application fee has been received.*

REQUIREMENTS	
Complete Application	Temporary events not otherwise a permitted use may be allowed pursuant to a Special Event Permit for a specified time period.
Application Fee	<ul style="list-style-type: none"> • Application Fees are collected at the time of application submission. • Application must be submitted a minimum of 30 calendar days in advance of the event in order to be considered on-time. • Applications cannot be accepted less than 7 calendar days before the event. <p style="text-align: center;">Special Event Permit Application Fee \$25.00</p>
Authorization Notice(s)	<ul style="list-style-type: none"> • If the event is applied for, or on behalf of, any person other than the listed Applicant, a signed written notice from the Applicant authorizing the person(s) applying for the event to do so shall be included with the application. • If any portion of the event is to be held on private property not owned by the listed Applicant, the Applicant must provide a signed written or typed authorization from each applicable property owner(s) which demonstrates their authorization for the event to take place on the property(s) and on the date(s) listed on the application.
Site Plan --- Traffic Control Plan --- Signage Plan	<ul style="list-style-type: none"> • A <u>site plan</u> shall be prepared and submitted for review and approval, and shall illustrate the location, configuration, and/or operations of the event to include: all access points including road names and route numbers; traffic patterns; signage; parking areas; ticketing and box office location(s); locations of fee collections; portable restrooms and/or shower facilities; waste collection facilities; camping areas; vendor locations; stages and/or other event areas and structures; and location(s) of site operations, administration, medical/first aid, and/or command center(s). Race events shall show starting and ending points. • A <u>traffic control plan</u> shall be prepared and submitted for review and approval, and shall detail all traffic routing and appropriate barricades and signs, as well as any necessary contingency plans or alternate routes. • A <u>signage plan</u> shall be prepared and submitted for review and approval, and shall identify the location and type of signs, including the message on each sign. • Signage plan and traffic control plan must comply with regulations of the Virginia Department of Transportation (VDOT).



SPECIAL EVENT PERMIT APPLICATION

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APPLICANT INFORMATION			
Name or Organization:			
Address:		City/State/Zip:	
Home/Work Phone:	Cell:	Fax:	
Email:			

CONTACT INFORMATION			
Name:			
Address:		City/State/Zip:	
Home/Work Phone:	Cell:	Fax:	
Email:			

EVENT INFORMATION	
Official Name of Event:	
Event Type: <i>(check all that apply)</i>	<input type="checkbox"/> Bazaar/Carnival <input type="checkbox"/> Benefit/Fundraiser <input type="checkbox"/> Bicycle Race <input type="checkbox"/> Festival (Music) <input type="checkbox"/> Festival (Other) <input type="checkbox"/> Overnight Camping <input type="checkbox"/> Parade <input type="checkbox"/> Run/Walk <input type="checkbox"/> Other (Explain): _____
Exact Location of Event:	
Detailed Event Description:	

Event Set Up (or Formation) Date: _____		Time: _____		○ AM
				○ PM
Event Start Date: _____	Time: _____	○ AM	Event End Date: _____	Time: _____
		○ PM		○ AM
				○ PM
Event Break Down (or Dispersal) Date: _____		Time: _____		○ AM
				○ PM

EXPECTED ATTENDANCE	
Number of Attendees/Spectators:	Number of Vehicles:
Number of Event Staff/Participants/Volunteers:	
Other (Specify):	

* For music festivals & other events with amplified music, please submit detailed explanation of proposed hours of music amplification to be reviewed by County Staff.

For Office Use Only:

Event Name: _____ SEP#: _____

Reviewed by Emergency Services Coordinator: _____ Review Date: _____
Recommendation: Approved Denied Date: _____
Explanation: _____

Reviewed by Health Department: _____ Review Date: _____
Recommendation: Approved Denied Date: _____
Explanation: _____

Reviewed by Sheriff's Office: _____ Review Date: _____
Recommendation: Approved Denied Date: _____
Explanation: _____

Reviewed by Virginia Department of Transportation: _____ Review Date: _____
Recommendation: Approved Denied Date: _____
Explanation: _____

Reviewed by Virginia State Police: _____ Review Date: _____
Recommendation: Approved Denied Date: _____
Explanation: _____

Reviewed by Other (as necessary): _____ Review Date: _____
Recommendation: Approved Denied Date: _____
Explanation: _____

Reviewed by Director, Planning & Zoning: _____ Review Date: _____ Determination: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____ <i>*All Special Event Permit (SEP) approvals are made pursuant to Zoning Ordinance Article 4, Section 11-3 and pursuant to the terms, conditions, and requirements established by the law enforcement and regulatory agencies signed herein. *See attached document for County conditions of approval.</i>
