



REQUIREMENTS & PROCEDURES

SPECIAL EVENT PERMIT

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	
Description	Important Details
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, on behalf of, or for 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 footprint of the event is to be held on private property not owned by the listed Applicant, the property owner must provide a signed written authorization allowing the event to take place on the property and on the date(s) listed on the application.
Site Plan/Traffic Control Plan	<ul style="list-style-type: none"> A map illustrating the footprint of the event to include all access points; event starting & ending points; parking areas; portable restrooms; dumpsters/trashcans; road names & route numbers; signage; traffic patterns; vendor locations. A traffic control plan demonstrating all traffic re-routing and appropriate barricades & signs must be included. Traffic control plan must utilize devices approved by 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:	<input type="checkbox"/> Bazaar/Carnival <input type="checkbox"/> Benefit/Fundraiser <input type="checkbox"/> Bike Race <input type="checkbox"/> Camp <input type="checkbox"/> Festival <input type="checkbox"/> Parade <input type="checkbox"/> Run/Walk <input type="checkbox"/> Other (Explain): _____
Date(s) of Event:	
Exact Location of Event:	
Detailed Event Description:	

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

APPROVALS/COMMENTS:

EMERGENCY SERVICES COORDINATOR:

HEALTH DEPARTMENT:

SHERIFF'S OFFICE:

VIRGINIA DEPARTMENT OF TRANSPORTATION:

VIRGINIA STATE POLICE:

OTHER (AS NECESSARY):

DIRECTOR, PLANNING & ZONING:

DATE: _____