DEPARTMENT
OF PLANNING

PLANNING COMMISSION
BOARD OF ZONING APPEALS

SPECIAL EVENTS PERMIT

Name of Event: _____

Date(s) and Time(s) to be Held: _____

Exact Location of Event: _____

Number of People Expected: _____

Organization Sponsoring This Event: _____

Address: _____

Telephone Number: _____

Primary Person in Charge: _____

Mailing Address: _____

Phone Number: _____

E-Mail Address: _____

Brief Description of Event: _____

_____

_____

_____

_____

_____

P.O. Box 558 • Lovingston, VA 22949 • 434-263-7090 • Fax 434-263-7086

Approvals:

Emergency Services Coordinator: _____

_____

_____

Sheriff's Office: _____

_____

_____

Health Department: _____

_____

_____

Virginia Department of Transportation: _____

_____

_____

Virginia State Police: _____

_____

_____

Planning Department: _____

_____

_____

Approved: _____

Date: _____