



TEMPORARY 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	
<i>Temporary events which are not otherwise a permissible use may be allowed for a specified time period, pursuant to the regulations and provisions contained in Zoning Ordinance Article 24 “Temporary Events, Festival Grounds, and Out-of-Door Accessory Uses.”</i>	
Application Fee	<ul style="list-style-type: none"> ▪ Application Fees are collected at the time of application submission. ▪ Applications must be submitted a minimum of 30 calendar days in advance of the event in order to be considered on-time. <p style="margin-left: 40px;">Category 1 Temporary Event Permit Application Fee = \$100 Category 2 Temporary Event Permit Application Fee = \$500 Category 3 Temporary Event Permit Application Fee = \$2,500</p>
Authorization Notice(s)	<ul style="list-style-type: none"> ▪ This Application shall be signed by the property owner(s) and the event promoter or sponsor, who shall collectively constitute the “Applicant.” If applicable, the individual signing the Application shall be a duly authorized officer of the organization promoting or sponsoring the event. ▪ 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	<ul style="list-style-type: none"> ▪ Cat. 1 and Cat. 2 Events: “sketch” site plan drawn to scale and containing all necessary dimensions, annotation, and other details regarding event layout and event operations. ▪ Cat. 3 Events: Site Plan prepared in accordance with Article 13 “Site Development Plan” and Article 24-2-E-1, and submitted in conjunction with an approved Festival Grounds Special Use Permit.
Transportation Plan	<ul style="list-style-type: none"> ▪ Transportation Plan, containing all necessary details regarding vehicular arrival, departure, informational signage, and on-site circulation (as applicable).
Safety Plan	<ul style="list-style-type: none"> ▪ Safety Plan, containing all necessary details regarding emergency preparedness and emergency response plans, emergency services, medical services, law enforcement and security services, and similar details necessary for ensuring the safety of attendees and the general public.



TEMPORARY EVENT PERMIT: APPLICATION # _____

to be completed by Planning & Zoning staff

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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"/> Parade <input type="checkbox"/> Run/Walk <input type="checkbox"/> Other (Explain): _____
Exact Location of Event:	
Detailed Event Description:	
Will food be served to the public? Y ___ N ___	
How many public restrooms will be available? _____	

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

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

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:		

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

Liability Insurance Information

A certificate of insurance for this event (if applicable) must be presented to the Nelson County Planning and Zoning Department no later than fifteen (15) calendar days prior to the start date of the event.

Indemnity Agreement

The Applicant, its employees, contractors, or agents, agrees to release, indemnify, save harmless, and defend Nelson County, its officers, employees, and agents, from and against any and all losses, liabilities, judgments, damages, suits, actions, claims (whether made, asserted, or threatened), and costs and expenses, including without limitation reasonable attorneys’ fees, consultants’ fees and experts’ fees arising from or in connection with or out of injuries to persons, including disease or death, or from damage to any property, sustained by any person or entity, including the Applicant, or in any other way attributable to or arising out of the conduct of the Applicant or Applicant’s employees, contractors, agents, invitees, or visitors in connection with the Event. This indemnity obligation shall survive the conclusion or earlier termination of the Event.

Affidavit of Applicant

I certify that the information contained in this Temporary Event Application is true and correct to the best of my knowledge and belief, that I understand, and agree to abide by all regulations, provisions, and rules governing Temporary Events as set forth by Nelson County. I certify that I understand that this application is made subject to the rules and regulations established by the Nelson Board of Supervisors. I agree to abide by these rules and further certify that, on behalf of the organization, I am authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to Nelson County. I grant permission for county officials to access the property at any time to enforce permit compliance.

A signed hard copy of this Temporary Event Permit Application must be provided to the County before an application will be considered fully executed. Submit one hard copy (and an electronic version, if possible) of this Temporary Event Permit Application to Nelson County Planning & Zoning, c/o Emily Hjulstrom, Administrative Secretary, P.O. Box 558, Lovingson, VA 22949; ehjulstrom@nelsoncounty.org

Applicant
(Print Name)

Date

Signature

Title

As the property owner(s), I(we) hereby acknowledge and give consent for the Event described herein to proceed on the indicated properties with full understanding of any liability and responsibility associated with all planned activities.

Is this property located within a Homeowner’s or Property Owner’s Association? Yes No

If yes, does the proposed event and associated activities comply with HOA/POA requirements? Yes No

Property Owner (Print Name)

Date

Signature

For Office Use Only:

Event Name: _____ TEP#: _____

Reviewed by Director of Emergency Services: _____ Review Date: _____

Comments: _____

Reviewed by Health Department: _____ Review Date: _____

Permit Required? Yes No

Comments: _____

Reviewed by Sheriff's Office: _____ Review Date: _____

Comments: _____

Reviewed by Virginia Department of Transportation: _____ Review Date: _____

Permit Required? Yes No

Explanation: _____

Reviewed by Virginia State Police: _____ Review Date: _____

Comments: _____

Reviewed by Other (as necessary): _____ Review Date: _____

Permit Required? Yes No

Comments: _____

Reviewed by Planning & Zoning Director: _____

Determination: Approved* Denied Date: _____

**All Temporary Event Permit (TEP) approvals are made pursuant to Zoning Ordinance Article 24 and pursuant to the terms, conditions, and requirements established by all law enforcement and regulatory agencies signed herein.*

** If this box is checked, please see attached document for County conditions of approval.*