



# TEMPORARY EVENT PERMIT APPLICATION: #

*to be completed by Planning & Zoning staff*

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

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? YN	How many public restrooms will be available?

Event <b>Set Up</b> (or Formation) Date:			Time:
Event <b>Start</b> Date:	Time:	Event <b>End</b> Date:	Time:
Event <b>Break Down</b> (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](mailto: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.

\_\_\_\_\_  
Property Owner (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**For Office Use Only:**

Event Name: _____ TEP#: _____
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Reviewed by Emergency Services Coordinator: \_\_\_\_\_ 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.