



TOWN OF PITTSFORD

APPLICATION FOR TEMPORARY ACTIVITIES PERMIT

Name of Applicant: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Date(s) of event: _____ Type of event: _____

Name of sponsor / organization (if applicable): _____

Name of responsible person: _____ Phone: _____

Submission requirements include (required, if applicable):

- | | |
|---------------------------------------------------------------------------------------------------------|-------------------------|
| 1. Letter of intent (include details – i.e. fireworks, refreshment, alcohol, tent, entertainment, etc.) | 5. Sidewalks on plan |
| 2. Property owner letter of permission | 6. Street closing plan |
| 3. Site plan/route plan | 7. Number of attendance |
| 4. Parking layout | |

Applicant agreement

I, the undersigned, agree to observe all town and local ordinances and furthermore, agree to any and all conditions set forth herein.

Applicant

Date

Property owner permission

I hereby grant permission to the above applicant to apply for the above temporary activities permit on the property listed above.

Property Owner

Date

OFFICE USE ONLY

Approved: Yes: No: Determination of exemption: _____

Conditions

- | | |
|---------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Insurance amount \$ _____ | <input type="checkbox"/> Notify NYS DOT |
| <input type="checkbox"/> Notify Fire Marshal (248-6250) | <input type="checkbox"/> Notify Pittsford Highway (248-6270) |
| <input type="checkbox"/> Notify Monroe County Sheriffs | <input type="checkbox"/> Monroe County Highway |
| <input type="checkbox"/> Fee paid \$ _____ | <input type="checkbox"/> Monroe County Health Department |
| <input type="checkbox"/> Other _____ | |

Authorizing Official

Date