



CULTURAL EVENTS PERMIT APPLICATION

County of New Kent, Virginia
 Planning Department

Web site: www.co.new-kent.va.us/209/Planning

New Kent County ♦ Planning Department ♦ P O Box 150 ♦ New Kent, VA 23124 ♦ Phone 804-966-9690 ♦ Fax 804-966-8531

Use P O Box for all mail. Street address: 12007 Courthouse Circle, New Kent, VA 23124 FOR DELIVERIES ONLY

DESCRIPTION OF PROPERTY

Tax Map Parcel Number(s): _____
 GPIN: _____
 Current Zoning: _____
 Property Street Address: _____
 Total Acreage: _____
 Will the event use the entire property? YES NO
 If no, how much will be used for the event? _____

OFFICE USE ONLY

DO NOT WRITE IN THIS BOX

Application No: CE- _____ - _____
 Date Received: _____
 Fee Amount: \$ 600.00
 Plus \$300.00 ea
 additional event \$ _____
Total Paid: _____

EVENT INFORMATION

Name of Event: _____
 Sponsor of Event: _____
 Approximate Number of Attendees: _____
 Will there be an admission charge? YES NO
 Will food be prepared and sold on premises? YES NO
 Will vendors be selling products on premises? YES NO
 Will alcoholic beverages be sold or available on premises? YES NO

APPLICANT/PROPERTY OWNER'S INFORMATION

Applicant(s) Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: Work: _____ Home: _____
 Cellular/Pager: _____ Fax: _____
 E-mail Address: _____

Property Owner(s) Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: Work: _____ Home: _____
 Cellular/Pager: _____ Fax: _____
 E-mail Address: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS ADDING ADDITIONAL PAGES AS REQUIRED:

1. What are the dates and hours of the event? _____
2. Is this event being held partially or fully within a structure? YES NO
3. If the answer to Number 2 is yes, what is capacity of the structure based upon the Va Uniform Statewide Building Code? _____
4. What is the water supply for this event? _____
5. Do you have Health Department Approval of this water supply? YES NO
If No, Health Department Approval of the water supply must be acquired before filing this application.
6. What types of toilets are being used (flush or chemical portable)? _____
7. How many toilets are available? _____
8. Do the toilet facilities have Health Department Approval? YES NO
If no, Health Department approval of the toilet facilities must be acquired before filing this application
9. How will site sanitation be handled? _____
10. How will emergency medical services be provided and by whom? _____
11. How will fire protection be provided and by whom? _____
12. Will an outdoors, tone activated weather radio be on site during the duration of this event? YES NO
13. Will there be any temporary or permanent structures erected or placed upon the property? YES NO
If so show their location (s) on the plans accompanying the permit
14. How will traffic management be handled and by whom? _____
15. If food is to be prepared and sold on the premises, who will obtain the required Temporary Restaurant Permit from the Health Department? _____
16. How will law enforcement services and on-site security be handled and by whom? _____

PLEASE PROVIDE THE FOLLOWING ATTACHMENTS AND PLANS:

1. Provide a detailed description of the event and the types of activities associated with the event. Include a copy of any brochures or flyers.
2. Show on a plan the parking layout, number of spaces available, the ingress and egress to the site and management of traffic. The number of parking spaces provided shall govern the total number people permitted to attend the event unless alternative arrangements and plans are put into place. The limit of attendance is generally three (3) times the number of parking spaces available.
3. Show on a plan the location, capacity, and nature of all temporary lighting, sound and public address facilities.
4. If the event will extend into evening hours, a plan demonstrating that illumination levels at the property line will not exceed the greater of 0.5 foot-candles or ambient conditions must be submitted with the application.
5. A statement that the noise levels at any property line abutting an occupied dwelling or residential community will not exceed ambient levels must be provided including an explanation as to how the conclusion was reached.
6. Provide a plan for the seating capacity of the location where the cultural event will occur. This plan needs to show all aisles and all crowd control measures.
7. Provide a list of the names and addresses of all the persons acting as promoters, proprietors, presenters, or financial backers of the event.
8. Provide evidence of adequate liability insurance.

SIGNATURES

I/We as the property owner/applicant/agent give permission for County personnel to enter subject properties in relation to the administration of this application and to any applicable New Kent County, State of Virginia or U.S. Federal Government regulations. Additionally, if the County Planning Department deems it necessary for an outside agency or organization review any technical part of this application, I/we agree to reimburse the County for all costs associated with such outside reviews and consultation within 15 business days of being billed by the County.

Property Owner Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

Applicant/Agent Signature: _____ Date: _____

Applicant/Agent Signature: _____ Date: _____

NOTE: All property owners must sign the application or a Power of Attorney filed with the application

FEE

The fee for this application is based on the total number of events included in the application with a fee of **\$600.00 for an individual event and \$300.00 for each additional event**. Make checks payable to *Treasurer of New Kent County*.

Fees must be submitted at time of application.

Fee for individual event/first event:	\$	600.00
+ \$300.00 for ea. additional event thereafter,		
Number of additional events: _____ x \$300.00=	\$	_____
Total Due:	\$	_____

AGENCY COMMENTS AND SIGNATURES

New Kent County Sheriff's Office

 Sheriff or Designee Signature

 Date

Department of Fire, Rescue & Emergency Services

 Fire Chief or Designee Signature

 Date

Virginia Department of Transportation

 Resident Administrator or Designee Signature

 Date

New Kent County Health Department

Health Department Supervisor or Designee Signature

Date

New Kent County Building Official

Building Official or Designee Signature

Date

Other Agencies

Signature

Date

Signature

Date

Signature

Date