



City of Rochester Hills
Building Department
 1000 Rochester Hills Dr.
 Rochester Hills, MI 48309
 (248) 656-4615 Phone
 (248) 656-4623 Facsimile

SPECIAL EVENT PERMIT APPLICATION



I. Event Location	
Street Address	
Sidwell Number	
Type of Event	
<input type="checkbox"/>	Roadside Stand
<input type="checkbox"/>	Christmas Tree Lot
<input type="checkbox"/>	Tent / Canopy
<input type="checkbox"/>	Fireworks Stand
<input type="checkbox"/>	Other _____

Project Number: _____

Permit Number: _____

Fireworks State License Number: _____

II. Applicant Information			
Tenant Owner	Name	Email	
Address (Street Number and Name)			State
City	Cell Number ()	Zip Code	
Telephone Number ()	Federal Employer ID Number (or reason for exemption)	Fax Number ()	

III. Site Plan Requirements	
<p>PROVIDE A SITE DRAWING ON 8 ½" x 11" PAPER, TO INCLUDE THE FOLLOWING:</p> <ol style="list-style-type: none"> 1. Location of stand and/or sales area. Include distances from all adjacent buildings. 2. Location and number of off-street parking. 3. Location and size of any signage. 4. Anticipated number of participants. <p>If Applicant is other than Property Owner, a copy of Lease Agreement and/or written permission from the owner shall be submitted.</p>	
Date(s) of Event: From _____ to _____	Hours of operation: From _____ to _____
Temporary electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Sanitary facilities available: Inside <input type="checkbox"/> Outside <input type="checkbox"/>
Number of tents _____	Size of tent(s) _____
Number of canopies _____	Size of canopy(s) _____
Additional fees for any "After Hours" inspections shall be paid in advance of scheduling the inspection	

IV. Applicant Signature	
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.	
Signature of Applicant	Date
Print Name	

FOR OFFICE USE ONLY

Zoning Review

Use _____ ZBA _____

Stipulations: _____

Approved by: _____ Date: _____

Not approved by _____ Date: _____

Reason(s) _____

Building Plan Review

Stipulations: _____

Approved by: _____ Date: _____

Not approved by: _____ Date: _____

Reason(s) _____

Application Checklist

- Flame Spread Information on tents (if applicable)
- Written approval from Property Owner (if applicable)
- Certificate of Insurance with City named as certificate holder
- Fire Department Review

Inspector Notes