



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

**SPECIAL EVENT PERMIT**  
**COVID 19 APPLICATION**



I. Event Location	
Street Address	
Sidwell Number	
Type of Event	
<input type="checkbox"/> Outdoor seating - A copy or picture of your current Occupant Load Placard is required	
<input type="checkbox"/> Retailers/Commercial Tents	

**Project Number:** \_\_\_\_\_

**Permit Number:** \_\_\_\_\_

II. Applicant Information			
<input type="checkbox"/> Tenant	Name		Email
<input type="checkbox"/> Owner			
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><b>PROVIDE A SITE DRAWING ON 8 ½" x 11" PAPER, TO INCLUDE THE FOLLOWING:</b></p> <ol style="list-style-type: none"> <li>1. Location of stand and/or sales area. Include distances from all adjacent buildings.</li> <li>2. Location and number of off-street parking; and fire lanes.</li> <li>3. Location and size of any signage.</li> <li>4. Anticipated number of participants.</li> </ol> <p><b>If Applicant is other than Property Owner, a copy of Lease Agreement and/or written permission from the owner shall be submitted.</b></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) _____

IV. Applicant Signature	
<p>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.</p>	
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
- Engineering Review
- Planning Review
- Building Review

**Inspector Notes**