Application for Special Event

Rindge Emergency Management
30 Payson Hill Road
Rindge NH 03461
Tel. (603) 899-5181 X-109 Fax (603) 899-6384
rfdchief@town.rindge.nh.us

Please Submit Completed Application To:

Rindge Fire/Building Department
30 Payson Hill Road
Rindge NH 03461
Permits

The attached “Application for Special Event Permit” and required documents and plans shall be filled out in its entirety and submitted to the Rindge Fire/Building Department for review and approval a minimum of Thirty (30) days prior to the event.

Examples of events that require a Special Events Permit

- Concerts and Live Entertainment
- Conventions
- Fairs
- Festivals
- Fireworks Displays
- Graduations/Commencements
- Holiday Celebrations
- Marathons
- Parades
- Racing/Motorsports
- Car/Motorcycle Shows
- Sporting Events
- VIP Visits
- Events that require a Temporary Canopy or Tent over 200 Square-Feet (Inspection Required for all Commercial establishments)
- Events that alter or interrupt the flow of traffic
- Any other significant event in the community
SPECIAL EVENTS PERMIT APPLICATION

Date of Application: ___________ Date of Event: ___________ Rain Date: ___________

Title of Event: ________________________________________________________________

Event Location: __________________________________ Time of Event: ___________

Estimate Number of Attendees: ___________ Set Up Time: ___________ Clean Up Time: ___________

Event Sponsored By: ____________________________________________________________

Organizers/Contacts:

Name: ___________________________ Phone: ___________ Work: ___________

Cell: ___________ Email: ______________________________________________________

Address: ___________________________________________________________________

City, State, Zip Code: __________________________________________________________

Name: ___________________________ Phone: ___________ Work: ___________

Cell: ___________ Email: ______________________________________________________

Address: ___________________________________________________________________

City, State, Zip Code: ________________________________________________________

Number of tents or temporary membrane structures exceeding 200 square feet: ___________

Number of canopies exceeding 400 square feet: _____

Note: Tents and Canopies 200 Square-feet and greater require an Accessory Permit and inspection from the Fire/Building Department and must attach a copy of the Certificate of Flame Resistance, Site Plan, and Floor Plan. (Not required for private property of a 1 or 2 family dwelling, Effective 1/1/2019)
DESCRIPTION OF EVENT


Does this event require road closures or altered traffic pattern: ________________________________

Description of closure: ________________________________________________________________


I have received and read a copy of the Rindge Fire/Building Department Requirements for Special Events document and understand I am responsible for compliance with the Rindge Fire Department Requirements.

_________________________________________  ________________________
Signature                                            Date

Board of Selectmen Approval:
Chairman: ___________________________________  Date: ________________
Selectman: ___________________________________  Date: ________________
Selectman: ___________________________________  Date: ________________

Rindge Emergency Management Official Use Only

Fire Department Permit/Approval Required: ______

Police Department Permit/Approval Required: ______

DPW Approval Permit/Required: ______  Trash Removal: ______  Other: ______

Crowd Control Personnel Required by Event Holder: ______  # Personnel: ______

EMD Approval: ___________________________________  Date: ________________
SPECIAL EVENTS PERMIT APPLICATION

Date of Application: _____________  Date of Event: _____________  Rain Date: _____________

Event Location: ____________________________________________________________
Time of Event: _____________

Estimated Number of Attendees: _____________  Set Up Time: _____________  Clean Up Time: _____________

Activity & Title of Event: ____________________________________________________________

Event Sponsored By: ____________________________________________________________

Organizers/Contacts:

Name: __________________________________ Phone: _____________  Work: _____________

Cell: _____________  Email: ____________________________________________________________

Address: ____________________________________________________________

City, State, Zip Code: ____________________________________________________________

Name: __________________________________ Phone: _____________  Work: _____________

Cell: _____________  Email: ____________________________________________________________

Address: ____________________________________________________________

City, State, Zip Code: ____________________________________________________________

RFD OFFICIAL USE ONLY

# Fire Apparatus: ______  # Fire Personnel: ______  # Fire Extinguishers: ______

# EMS Apparatus: ______  # EMS Personnel: ______  Ambulance Standby: ______

Incident Commander Required: ______  Mutual Aid Cover Required: ______

Fire Chief Approval: __________________________________ Date: _____________
APPLICATION FOR SPECIAL EVENTS PERMIT

Application Date: ___________________ Event Date(s): ___________________

Start Time: ___________ End Time: ___________ Anticipated Number of Attendees: ___________

Event Location: _______________________________________________________

Event Title & Activity: ________________________________________________

Request for Security: ______ and/or Traffic Control: ______

Sponsored By: _________________________________________________________

Contact Name 1: ___________________ Home Phone: ___________________

Work Phone: ___________________ Cell Phone: ___________________

Address: _____________________________________________________________

Town, State, Zip Code: _______________________________________________

Contact Name 2: ___________________ Home Phone: ___________________

Work Phone: ___________________ Cell Phone: ___________________

Address: _____________________________________________________________

Town, State, Zip Code: _______________________________________________

Applicant Signature: _________________________________________________ Date: ___________

OFFICIAL USE ONLY

Number of Law Enforcement Officers Required: ____________ Number of Cruisers: ____________

Mutual Aid Officers: ____________ Mutual Aid Cruisers: ____________

Type of Service Required: Security: ____________ Traffic: ____________

Officer Start Time: ____________ Officer End Time: ____________

Authorized by (Name/Rank): __________________________________________ Date: ____________
Rindge Highway Department
30 Payson Hill Rd
Rindge NH 03461
603-899-2105
rindgepw@town.rindge.nh.us

APPLICATION FOR SPECIAL EVENTS PERMIT

Application Date: ___________________ Event Date(s): ___________________
Start Time: ___________ End Time: ___________ Anticipated Number of Attendees: ___________
Event Location: ____________________________________________________________
Event Title & Activity: _________________________________________________________

_________________________________________________________________________

Request for Trash Removal: _______ and/or Traffic Control Devices: _______
Sponsored By: _____________________________________________________________
Contact Name 1: __________________ Home Phone: __________________
Work Phone: __________________ Cell Phone: __________________
Address: __________________________________________________________________

Contact Name 2: __________________ Home Phone: __________________
Work Phone: __________________ Cell Phone: __________________
Address: __________________________________________________________________

Town, State, Zip Code: __________________
Applicant Signature: __________________ Date: __________________

_________________________________________________________________________

OFFICIAL USE ONLY

Type of Service Required: Trash Removal: _______ Power Turned On: _______
Other Service Requested: ___________________________________________________

Authorized by: __________________ Date: __________________
SPECIAL EVENTS ACCESSORY PERMIT APPLICATION

TEMPORARY STRUCTURES, TENTS, CANOPIES (Over 200 Square-Feet)

Date: ___________  Date of Event: ___________  Rain Date: ___________

Title of Event: __________________________________________

Location of Event: _______________________________________

Property Use:  
Residential: _____  
Commercial: _____  
Town Property: _____

Town Common/Gazebo: _____  
Church Lawn: _____  
West Rindge Common: _____

Owner: __________________________________________________

Phone: (____) __________________________

Address: ____________________________________________

State: _____  Zip: __________

PROVIDER OF STRUCTURE & STRUCTURE INFORMATION

Company: ________________________________  Phone: (____) __________________

Address: ____________________________________________

State: _____  Zip: __________

Email: __________________________________________

Proposed Construction:  
Temporary Structure: _____  
Tent: _____  
Canopy: _____

Other: __________________________________________

# Structures: ______  
Size of Structure: ________________________________

# Tents: ______  
Size of Tent: ________________________________

Tent Size Continued: ________________________________

# Canopies: ______  
Size of Canopy: ________________________________

Manufacturer of Structure: ________________________________

Description of Structure: ________________________________

________________________________________

Heating Equipment Provided: ______  
Anchoring Diagram Attached: ______

Attach Certificate of Flame-Proofing: ______  
Attach Emergency Action Plan: ______
Requirements for Permit Applications:

1. All information must be printed legibly.
2. Owner name, address and phone number.
3. Location and address of work site.
4. Complete description of work to be done.
5. Agent Letter of Authorization
6. Plans must be submitted on all new buildings and major renovations.

Certification of Accuracy: As the owner/owners agent of record, I certify that all information contained within this application is true and accurate to the best of my knowledge and belief.

Certification of Compliance: I hereby certify that I am familiar with all pertinent codes relating to the above specified work, and that all work shall be performed in compliance with these codes, also that I am familiar with the Town of Rindge Ordinance, Article III and all use and Dimensional Regulations.

Inspections: This signed application constitutes consent on the applicant's part to allow for inspections at the property by the Building Inspector, Fire Inspector and any other required Town Staff. It is the responsibility of the contractor to obtain all inspections required. Twenty-four (24) hour notice is required for any inspection.

Required Inspections: (Minimum of Twenty-four (24) Hour Notice)
- Tent/Canopy Tie Downs
- Exit Signs and Emergency Lighting
- Table and chair spacing
- Electrical and Heating Installations
- Occupancy Loads

Certificate of Occupancy (C/O): A C/O must be issued PRIOR to any occupancy of structures.

It is the responsibility of all contractors, electricians, plumbers, etc. to obtain the necessary permits from the Rindge Building Department Office at Rindge Town Office before ANY work has begun. Work must begin within six (6) months of the issuance of any permit.

Rindge Building Department Approval certifies that the Applicant may proceed with their project in accordance with specifications submitted. Any deviation from the specifications submitted will require an amendment to this permit or additional permits.

If you have any questions, feel free to contact the Building Department Office at (603) 899-5181 Ex 109.

*** When Applicable – Plans must be submitted to Rindge Fire/Building Department for Approval***

________________________________________  ____________________________________
Applicant Signature                                          Date

*******************************************************************************(DO NOT WRITE IN THIS SPACE)*****************************************************************************

Square-Footage (All areas apply): __________________________ Permit Fee: __________________________
Paid: □ Cash $ __________________________ □ Check # __________________________

Approved By Building Inspector: __________________________ Date: __________________________
Special Events Plot Plan

Instructions:

1) Show the Property lines and road(s).
2) Show the proposed Structure and all existing structures.
3) Show the Measurements from the proposed and existing structures.
4) Show measurements between structures.
5) Include the Tie Downs of the proposed structure.
6) Show location of electrical panels if used within the structure.

Sample Plan:

[Diagram showing proposed fence, shed, deck, house, proposed temp. structure, with measurements 40 Ft, 50 Ft, 25 Ft, and Street.]
SPECIAL EVENTS ELECTRICAL PERMIT APPLICATION

Date: ___________  Date of Event: ___________  Rain Date: ___________

Title of Event: ___________________________________________  Time of Event: ___________

Location of Event: ________________________________________

Property Use:  Residential: _____  Commercial: _____  Town Property: _____

Owner: _______________________________________________  Phone: (_____)___________

Address: _____________________________________________  State: _____  Zip: _________

Power Turned On Only: (Stop here if you only need power turned on at the following locations)

Town Common/Gazebo: _____  Church Lawn: _____  West Rindge Common: _____

ELECTRICIAN INFORMATION

Electrician: ___________________________________________  License #: ___________  Exp.: ___________

Company: _____________________________________________  Phone: (_____)___________________

Address: _____________________________________________  State: _____  Zip: _____________

Email: ________________________________________________

ELECTRICAL INFORMATION

Service Size: ________  # of Sub Panels: _________  Sub Panel Amps: _________

Is a Temporary Service Required:  ____Yes  ____No

# Receptacles: ________  # Light Fixtures: ________  # EBU's: ________  # Exit Signs: ________

Generator Size: ___________ (If Applicable)  Estimated # of Extension Cords: ___________

Electrician Signature: ___________________________________  Date: ____________

Applicant must be a licensed NH Master Electrician

Plans must be submitted showing all electrical installations
SPECIAL EVENTS INSPECTION CHECKLIST

Date: _________  Time: _________  Estimate # of Attendees: _________

Title of Event: __________________________________________________________

Event Location: __________________________________________________________

Type of Structure: _________________________________________________________

Event Manager(s): _________________________________________________________

Phone: ________________________________________________________________

Radio Frequency: _________________________________________________________

Special Notes: __________________________________________________________

______________________________________________________________

Special Events Permit Approved: ______  Comments: _________________________

Structure installed in accordance with submitted plans: ______

Structure anchoring in accordance with submitted plan: ______

Flame Proofing Certificate submitted: ______

General lighting and receptacles installed in accordance with NFPA 70: ______

Occupant Load Posted:  Standing: ______  Sitting: ______  Table & Chairs: ______

Spacing of chairs in appropriate: ______  Row of chairs tied together: ______

Aisles wide enough, clear, and not blocked: ______  Comment: ___________________

Number of Exits: ______  Exit Signs Installed: ______  Exit Sign illuminated: ______

Emergency Lighting Installed (EBU): ______  Number of EBU’s: ______  EBU Operational: ______

Path of Egress Clear: ______  Path of Egress Illuminated: ______  Doors clear and unlocked: ______

Doors operational: ______  Doors open out: ______  No obstructions outside door: ______

Fire Extinguishers in place: ______  Fire Extinguishers inspection in date: ______

Fire Alarm, PA System and Sprinklers in service: ______  Comments: ___________________
FA Panel accessible: _____ (Keys must be available)

Crowd Manager(s) in place: _____ (1 per 250 Attendees)  # Crowd Manager(s): _____

Crowd manager(s) trained and updated on Emergency Action and Response Plan: _____

Emergency Action Plan and Response Plan on site: _____

Assembly Permit Approved: _____  Assembly Permit Posted: _____

Inspector: __________________________________________ Date: __________