

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

Application for Special Event



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



RINDGE EMERGENCY MANAGEMENT
30 PAYSON HILL ROAD
RINDGE NH 03461
PHONE 603-899-5181 X-109
FAX 603-899-6384

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: _____

Traffic Control Devices: Barricades: _____ Traffic Cones: _____ No Parking Signs: _____

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
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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: _____



Rindge Fire Department
 150 Main St
 Rindge NH 03461
 Phone: 603-899-3324 Ex 11
 Fax: 603-899-6384
 rfdchief@town.rindge.nh.us

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: _____



RINDGE POLICE DEPARTMENT

158 Main Street
P.O. Box 7
Rindge, NH 03461
(603) 899-5009
FAX: (603) 899-2103

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: _____

Town, State, Zip Code: _____

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: _____



RINDGE BUILDING DEPARTMENT
30 PAYSON HILL ROAD
RINDGE NH 03461
PHONE 603-899-5181 X-109
FAX 603-899-6384

SPECIAL EVENTS ACCESSORY PERMIT APPLICATION

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

Date: _____ Date of Event: _____ Rain Date: _____

Title of Event: _____ Time 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 # _____

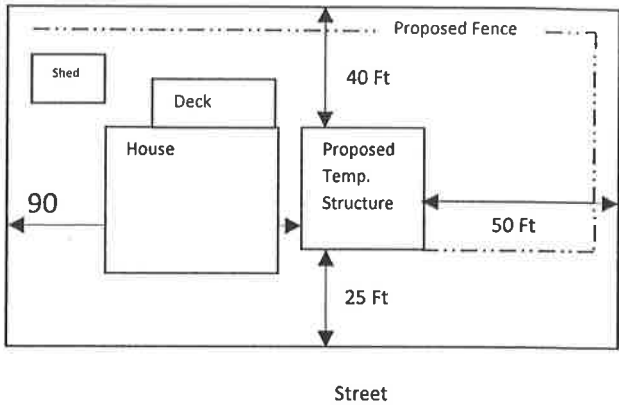
Approved By Building Inspector: _____ Date: _____

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:



A large grid area for drawing the plot plan. The grid consists of approximately 30 columns and 40 rows of squares.

Signature _____

Date _____



RINDGE BUILDING DEPARTMENT
30 PAYSON HILL ROAD
RINDGE NH 03461
PHONE 603-899-5181 X-109
FAX 603-899-6384

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: _____

[Type here]

[Type here]

[Type here]

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: _____