



SPECIAL EVENTS PERMIT APPLICATION

COUNTY OF GOOCHLAND, VIRGINIA

Department of Building Inspection

P.O. Box 119

Goochland, VA 23063

Phone: (804) 556-5815 Web: www.goochlandva.us FAX: (804) 556-5651

Application File Date: _____	Fee paid: \$ _____
Application No.: LC - _____	Receipt No.: _____

Application Requirements

1. The application must be filled out completely or it may not be accepted
2. The application must be signed by a Property Owner, Applicant, or Representative
3. Two (2) sets of site plans with all requested information shall accompany the application
4. The Application Fee is required at the time of application. (See Page 11 for more information.)
5. The complete application must be submitted at least 30 days in advance of the event

A Special Event Permit is required when: 500 or more people are in attendance at any one time OR 250 people or more are in attendance at any one time with entertainment or alcohol OR there are more people in attendance at an event than permitted by an approved Conditional Use Permit or Plan of Development.

Recurring Special Event: If multiple events will be held in a calendar year, one application may be filed. Applicant must provide all dates and vendor information for each event. See page 11 for more information.

Application Date: _____ Event Date(s): _____

Event Name: _____

Nature of Event: _____

Detailed Description of Event: _____

Event Hours: _____ Set Up Dates/Hours: _____

Expected Crowd Size: _____ (total) Expected Crowd Size: _____ (at any one time)

Number of: participants _____ spectators _____ workers _____

Event Location: _____

Is Event to be Advertized? Yes/No If so, how? _____

***Permit Applicant:**

Name: _____ Phone: _____

Address: _____ Phone: _____

_____ Phone: _____

City: _____ State: _____ Zip: _____

Email _____

What is your interest in this event? _____

***Property Owner:**

Name: _____ Phone: _____

Address: _____ Phone: _____

_____ Phone: _____

City: _____ State: _____ Zip: _____

Email _____

What is your interest in this event? _____

*** If permit applicant is not property owner a notarized release is required from the property owner granting permission to use the property for the event on the dates and times specified on permit application.**

Promoter/Financial Sponsor:

Is there a financial sponsor for this event? Yes/No

Name: _____ Phone: _____

Address: _____ Phone: _____

_____ Phone: _____

City: _____ State: _____ Zip: _____

Email _____

Admission Fee:

Is an admission fee charged for this event? Yes/No

Number of tickets offered for sale? _____ (Attach a voided ticket to application)

Will alcoholic beverages be available/sold? Yes/No (Attach copy of ABC license to application)

Explain: _____

****Event will not receive approval without documented ABC License****

Food: (Indicate location of food service vendor(s) on site plan) Food must be located 100' from all petting zoos.

Will food be available for this event? Yes/No

Will drinking water be available for this event? Yes/No

Is the source of drinking water public or private? _____

State Health Department permits may be needed for event.

Contact Health Inspector at 556-5843.

(Please attach separate sheet if needed for more vendors)

Food Vendor 1: Must provide name and phone number of designated person who will be onsite during event. Emergency Contact phone number required.

Name: _____ Phone: _____

Address: _____ Phone: _____

_____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

County Business License # : (only required for caterers) _____

Food Vendor 2: Must provide name and phone number of designated person who will be onsite during event. Emergency Contact phone number required.

Name: _____ Phone: _____

Address: _____ Phone: _____

_____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

County Business License # : (only required for caterers) _____

Food Vendor 3: Must provide name and phone number of designated person who will be onsite during event. Emergency Contact phone number required.

Name: _____ Phone: _____

Address: _____ Phone: _____

_____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

County Business License # : (only required for caterers) _____

Emergency Medical Services: Indicate location of medical facilities on site plan – fees may apply – see page 11

Will EMS services be provided for this event? Yes/No

What type of medical first-aid will be available for event attendees?

Will an ambulance or rescue squad be standing by? Yes/No

What organization will provide this service?

Provide a contact name and phone number for this organization:

Name: _____ Phone: _____

Address: _____ Phone: _____

_____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Security (part 1): Additional fees may be applicable at the discretion of the Sherriff's Office

Will security be provided for this event? Yes/No

What is the plan for providing adequate security and crowd control?

Will law enforcement officers be used for security at this event? Yes/No How many? _____

Which law enforcement agency?

Provide a contact name and phone number for this agency:

Name: _____ Phone: _____

Address: _____ Phone: _____

_____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Security (part 2):

Will security be provided by a licensed, bonded private company or private individuals? Yes/No

How many security personnel will be provided?

Give the name and contact information for this licensed private company:

[Attach proof of company's license and bond]

Name: _____

Phone: _____

Address: _____

Phone: _____

Phone: _____

City: _____ State: _____

Zip: _____

Email: _____

License No: _____

Traffic: (Indicate traffic direction and circulation on site plan)

Will event require street closure or detours? Yes/No

Explain:

How will traffic on event site be controlled? _____

What is your plan to control traffic entering and leaving event site?

Will law enforcement officers be used to control entrance traffic at event? Yes/No

Which law enforcement agency?

Provide a contact name and phone number:

Name: _____

Phone: _____

Address: _____

Phone: _____

Phone: _____

City: _____ State: _____

Zip: _____

Email: _____

Parking: (Indicate location of parking and number of spaces on-site and off-site on plans)

Will parking be located on event site? Yes/No

How many vehicles? _____

Will parking be provided off-site? Yes/No

Will valet parking be available? Yes/No

How many vehicles? _____

How will event attendees get from off-site parking to the event?

How many parking attendants will be provided? _____

Who will provide parking attendants? _____

What is your plan for overflow parking? _____

Overnight Accommodations:

Will overnight lodging be available for anyone at this event? Yes/No

Explain: _____

(A Temporary Campground Permit from VDH may be required. Contact VDH at 556-5843)

Site Lighting: (Indicate location of lighting equipment on site plan)

Will lights or artificial illumination be used at this event? Yes/No

How will the lighting be arranged to limit light at the property line to ½ foot-candle?

Fire Protection: (Indicate location of fire protection equipment, open burning and fireworks areas on site plan)

Will the event feature outside fires? Yes/No

Explain: _____

(Burn Permits may be required. Contact the Fire Marshal's Office 556-5365)

Will the event feature fireworks? Yes/No

Have you obtained a Fireworks Permit? Yes/No

Give the name and contact information for fireworks contractor:

Name: _____ Phone: _____

Address: _____ Phone: _____

_____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Contractor's license #: _____

What fire protection equipment will be provided at the event? _____

(All food vendors with cooking operations shall have approved fire extinguisher at booth)

Sanitation (part 1): (Indicate location and number of toilet facilities and trash receptacles on site plan)

What is the total number of existing available toilets on site? _____

Number of portable toilets to be provided? _____

Number of Event Hours

People Attending	0-2 hrs	3 hrs	4 hrs	5 hrs	6 hrs	7 hrs	8 hrs	9 hrs	10 hrs
1-100	2	2	2	3	3	3	3	3	3
101-250	3	3	3	4	4	4	4	6	6
251-500	4	4	6	6	6	8	8	8	8
501-750	4	6	6	6	8	8	8	10	10
751-1000	6	6	8	8	8	12	12	12	12
1001- 2000	8	8	8	8	12	12	12	12	16
2001-3000	8	10	10	10	12	16	16	20	20
3001-4000	8	12	12	16	16	20	24	24	28
4001-5000	12	12	16	20	30	30	30	30	34
5001-6000	12	16	16	20	30	30	36	36	40
6001-7000	12	16	20	30	32	40	40	52	52
7001-8000	12	20	24	32	32	40	44	48	54
8001-9000	16	24	28	40	40	52	52	60	64
9001-10000	16	28	40	40	52	52	60	60	72

Number of Units Required

Sanitation (part 2): (Indicate location and number of toilet facilities and trash receptacles on site plan)

Number of handicap accessible toilets to be provided? (1/every 6 units) _____

Hand washing facilities provided? (1/every 5 units)

Number of trash receptacles to be provided?

Name and contact number of person responsible for removing trash from event site:

Name: _____ Phone: _____

Address: _____ Phone: _____

_____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Business License # : _____

Name & Phone of Emergency/Contingency Contact: _____

Music and Entertainment (part 1): (Indicate location of any stage or seating area on site plan)

Will a stage be set at this event? Yes/No

Stage: Height above finished grade: _____ Dimensions: _____

Will music (live or recorded) be played at this event? Yes/No

Will an amplified sound system be used at this event? Yes/No

How will sound be limited to 65 decibels at the property line?

Who is the entertainment promoter?

Name: _____ Phone: _____

Address: _____ Phone: _____

_____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Music and Entertainment (part 2):

Event Performer 1:

Name: _____ Phone: _____

Address: _____ Phone: _____
_____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Event Performer 2:

Name: _____ Phone: _____

Address: _____ Phone: _____
_____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Event Performer 3:

Name: _____ Phone: _____

Address: _____ Phone: _____
_____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Event Performer 4:

Name: _____ Phone: _____

Address: _____ Phone: _____
_____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

(Please attach separate sheet for more performers)
(Music or entertainment is limited to 8 hours during any calendar day)

Building Code: (Show location of tents, grandstands and amusement rides on site plan)

Will tents be set up for this event? Yes/No

Are any tents larger than 900 square feet (30X30) in area? Yes/No
(Tents greater than 900 sq.ft. require separate building permits)

What will be the use inside the tents?

Who will provide the tents for this event? _____

Contact Information:

Name: _____ Phone: _____

Address: _____ Phone: _____
_____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Contractor's License #: _____

Will grandstands or raised bleacher seating be provided: Yes/No
(A building permit is required for temporary bleachers or grandstands)

Who will erect seating: _____

Contact Information:

Name: _____ Phone: _____

Address: _____ Phone: _____
_____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Will amusement devices (amusement rides, inflatable kiddy rides, climbing walls etc.) be provided at this event? Yes/No *(An Amusement Device Permit is required)*

List the types of amusement devices:

Special Event Permit Fees: Make check payable to Goochland County

Special Event Permit Application Fee - \$25

Reoccurring Special Event Permit Application Fee:

3 – 6 Events per calendar year - \$75

7 or more Events per calendar year - \$175

Reoccurring Special Event Permits are allowed under the following conditions:

- The venue has previously been granted a special even permit and been used for a substantially similar special event;
- All previous permitted special events were conducted in compliance with the provisions of this article;
- The proposed series of special events are all substantially similar in nature; and
- The proposed special events will all occur in the same location on the same property.

Emergency Medical Services Fees: To be paid directly to Fire & Rescue

EMS Transport Unit (4 hour min) - \$100 plus \$30 per additional hour

Basic Life Support staff - \$30/hour per person

Advanced Life Support staff - \$35/hour per person

Owner and Applicant Affidavits:

As owner of the property on which the event will be conducted, I authorize the Sheriff, the Fire Marshal, Zoning Administrator, Health Department Representative, the Building Official, and other county personnel to enter onto the property upon which the event will be held at any time prior to or during the event for the purposes of determining compliance with the provisions of this permit or any other local, state or federal law.

As applicant, I hereby agree that no music or noise emanating from the event will be unreasonably loud or annoying beyond the property line of the property on which the event is located.

As applicant, I understand the County has the right to revoke or cancel the permit if necessary.

As applicant, I hereby agree to abide by the provisions of Goochland County Code Chapter 8, Article V (the Special Events ordinance), the provisions of this application, including any amendments, and any conditions imposed, all of which collectively constitute the terms of this permit.

Property Owner: _____ Date: _____

Applicant: _____ Date: _____

You are required to provide evidence that you have secured liability and casualty insurance in the amount of \$1 million dollars for this event, covering losses sustained by the County, the Sheriff, the Health Department, or any other person, due to the death of or injury to any person, or damage to any property incurred as a result of negligent acts or omissions of persons attending, performing, working at, or traveling to and from this event. **Certificates of insurance must be delivered to the Building Official at least 7 days prior to the event.**

Please note: Depending upon the size and location of your event, you may be required to post a bond to cover the costs of additional county services.

Approvals:

Permit Number: LC- _____

Plan Review Release:

Health Department: _____ Date: _____

Building Official: _____ Date: _____

Fire Marshal: _____ Date: _____

Sheriff: _____ Date: _____

EMS: _____ Date: _____

Zoning: _____ Date: _____

Parks & Rec: _____ Date: _____

Schools: _____ Date: _____

Other: _____ Date: _____

Comments or conditions of approval:

County Administrator _____ **Date:** _____