

NEIGHBORHOOD ASSOCIATION (IF APPLICABLE)							
Neighborhood Association (Name)							
Last Name				First			M.I
Street Address							
City				State			Zip
Phone				Fax			E-mail Address
<p>The applicant and owner acknowledge that he/she has the sole responsibility of complying with the requirements of any applicable Hartland Township Ordinance notwithstanding the signature or approval of any employee(s) or official(s) of Hartland Township and that Hartland Township is not bound to recognize the approval of other action of any such employee(s) or official(s) which is not in compliance with any applicable Hartland Township Ordinance.</p> <p>We the undersigned, give permission for representatives of the Township of Hartland to enter the property to inspect the set-up, activity and clean-up for compliance with the Special Event Permit.</p>							
Applicant Signature						Date	
Owners Signature						Date	

Department of Public Works
Impact on existing Infrastructure and Utility Use is within an Acceptable Range as Proposed.
DPW Director: _____ Date: _____
Fire Department (if applicable)
Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Reason/Conditions: _____

Fire Marshall: _____ Date: _____
Sheriff (if applicable)
Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Reason/Conditions: _____

Sheriff: _____ Date: _____

Planning & Zoning		
	Yes	No
Special Event Inspection Complete		
Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Access Requirements Met	<input type="checkbox"/>	<input type="checkbox"/>
Sign Requirements Met	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Indemnification Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Checklist Items Provided/Completed	<input type="checkbox"/>	<input type="checkbox"/>
Planning: _____	Date: _____	
Treasurer		
This application is valid when signed by the cashier at the Treasurer's Office confirming payment of fees as noted.		
Account Number: 101-000-622.000 (Application) \$ _____		
Receipt Number: _____		
Treasurer: _____ Date: _____		

Code Enforcement Action: YES NO

Resolved: YES NO

Comment:
