

OFFICE OF THE PLANNING DIRECTOR
Troy Langer

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SUPERVISOR
William Fountain

CLERK
Larry Ciofu

TREASURER
Kathleen Horning

TRUSTEES
Joe Colaianne
Matthew Germane
Glenn Harper
Joe Petrucci

APPLICATION FOR SPECIAL EVENT PERMIT

Event Description: (Please attach a detailed event description on a separate sheet)

Date(s) and Hours of Event: _____ **to** _____ **of** _____ **Time:** _____ **to** _____
Date **Date** **Month** **AM/PM** **AM/PM**

Event Location (Address/Boundaries):

Parcel Identification Number: 4708- _____ 4708- _____

Subdivision Name: _____ **Zoning of Parcel:** _____

| | | |
|---|---|--------------|
| Application Number: (Assigned by Township) Application Date: | <input type="checkbox"/> Community Organization Special Events (Signage Included) | \$ No Charge |
| | <input type="checkbox"/> Special Events, except Outdoor Seasonal Sales (75.00) | \$ _____ |
| | <input type="checkbox"/> Outdoor Seasonal Sales (\$75.00) | \$ _____ |
| | <input type="checkbox"/> Temporary Sign Request (\$15.00 per Sign) | \$ _____ |
| | <input type="checkbox"/> Cash Bond Required by _____ | \$ _____ |
| | Total Application Fee | \$ _____ |
| | Total Bond Required | \$ _____ |

APPLICANT INFORMATION

Company Name _____

Last Name _____ First _____ M.I. _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail Address _____

Do You Own The Event Property? YES NO Community Organization? YES NO Name of Community Organization: _____

PROPERTY OWNER INFORMATION (IF OTHER THAN APPLICANT)

Company Name _____

Last Name _____ First _____ M.I. _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail Address _____

NEIGHBORHOOD ASSOCIATION (IF APPLICABLE)

| | | | | | |
|---------------------------------|-----|-------|----------------|-----|--|
| Neighborhood Association (Name) | | | | | |
| Last Name | | First | | M.I | |
| Street Address | | | | | |
| City | | State | | Zip | |
| Phone | Fax | | E-mail Address | | |

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.

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.

| | | |
|---------------------|--|------|
| 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 Denied

Reason/Conditions: _____

Fire Marshall: _____ Date: _____

Sheriff (if applicable)

Approved Denied

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: _____