



Charter Township of Fort Gratiot SPECIAL EVENT PERMIT APPLICATION

NON-REFUNDABLE \$20.00 Application Fee

*This application must be completed in full or it will be returned for the purpose of being completed. This application must be paid for, submitted to, and approved by the Township, ten (10) days **PRIOR** to the first day of setup for the temporary retail area. A setup period of 48 hours is allowed before the event and a removal period of 48 hours is allowed after the event. **Temporary Retail Area Permits may be granted for up to thirty (30) days per calendar year, per business.** Inspections will occur before and after the event to ensure compliance with sec. 38-681.*

BUSINESS INFORMATION – FORT GRATIOT LOCATION INFORMATION ONLY

Business Name: _____ D.B.A.: _____

Business Address: _____ Fort Gratiot, Michigan 48059

Local Phone #: (810) _____ Other Phone #: _____ Business Fax: _____

Contact Person: _____ Emergency Phone #: _____

DATE – Beginning: _____ DATE – Ending: _____

TIME – Beginning: _____ TIME – Ending: _____

Total # of parking spaces: _____ Parking spaces used by event: _____

Food served/sold: Yes* No –If YES, SCC Health Dept TFE Approval: Yes-Attached No-Provide Reason

SKETCH OF AREA TO BE UTILIZED. A basic site plan **MUST** be drawn here or attached. The site plan will indicate a north arrow, the building footprint, sidewalks, fire lanes, parking lot & parking spaces, ingress/egress to roads, crossroads, road names & rights-of-way. An electrical plan must be shown when the event will require electrical service (i.e. where the service is coming from & how.) Incomplete applications may be returned for completion or denied.

CONTINUED ON REVERSE →

Please provide a description of the event(s) and/or the products to be merchandised within the temporary retail area:

The undersigned understands that failure to comply with may result in the issuance of a municipal civil infraction citation and grants permission for authorized township representatives to enter the above described property/properties for the purposes of gathering information related to this application.

Applicant Signature

Date

REVIEW AND APPROVAL – DO NOT WRITE BELOW THIS LINE

ZONING COMPLIANCE:

Approved

Denied Zoning Administrator _____ Date _____

Comments: _____

FIRE DEPARTMENT:

Approved

Denied Patrick Smith, Fire Chief _____ Date _____

Comments: _____

BUILDING DEPARTMENT:

Approved

Denied Tom Dunn, Building Official _____ Date _____

Comments: _____

ELECTRICAL DEPARTMENT: Check here if NOT APPLICABLE If checked, no review or signature required.

Approved

Denied Electrical Inspector _____ Date _____

Comments: _____

PERMIT ISSUED FOR THE FOLLOWING PERIOD:

_____ to _____

Robert C. Crawford, Clerk

Date

Calendar Year	Days Beginning	Days Used	Remainder