

Application Permit

(To be assigned)

Applicant Information

Name of applicant:						
Organization name (if any	·):					
Mailing address:						
Email address:						
Name of primary contact	on day of event:					
Primary #:	Alternate #:					
Name of secondary conta	ct on day of event	t:				
Primary #:	Alternate #:					
Event Information	1					
Name of event:						
Event location:						
Street address:						
Location of event:	1/4 Sec	Sec	Twp	Rge	Meridian	
Lot / Block / Plan:						
Is the event to be held on	private or public p	property?	Private	Public		
Is the event taking place of Yes No	on lands that are r	nanaged by	a Condominium	, Home Owners,	or Business Association	?
Event location:						
Roads to be impacted:						
Registered owner of land:						
Date(s) of event:		Start time	Start time:		End time:	
Date of setup:		Setup sta	Setup start time:		Setup end time:	
Date of takedown:		Takedow	Takedown start time:		Takedown end time:	
Backup date of event:		Start time	Start time:		End time:	
Type of Event (check all the	nat apply):					
Celebration		Wedding				
Fundraiser			Otl	her (describe):		
Neighbourhood B	lock Party					

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Estimated number attending: Estimated number of volunteers:

Is this event private or open to the public? Private Public

Purpose and description of event:

Does your event involve (check all that apply):

Alcohol Amplified sound Animals / Petting zoo

Drone(s) Gaming / Gambling Inflatable devices

Open flame Outdoor cooking Outdoor lighting

Roads Security Other

Food trucks Food vendors

(# of)

You may upload a map from the <u>County Atlas</u> to draw your route map and include it with this application when submitting.

Completing the information below will automatically start your Building Permit Process:

Bleachers How many: Specify size:
Stages How many: Specify size:

Tents How many:

Attach image of tents with application

*Each tent must identify the following detains in the box below. Size, height, type of material, and how the tent is being anchored. Please categorize multiple tents by number each individually with details.

Example: Tent 1 - 15' x 30', 10' high, made of polyester, staked to ground.

Photo must be provided.

Details of each tent is required:

You may need an inspection of your temporary structures. So we can schedule our team in advance, please indicate date and either a morning or afternoon appointment.

Date: Morning (8:30 a.m. to noon) Afternoon (noon to 4 p.m.)

Insurance

If insurance is required, a copy of proof of insurance with Rocky View County named as an additional insured will need to be emailed to specialevents@rockyview.ca.

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Invite an Elected Official

If you wish to have the Reeve, your area Councillor, or another County elected official attend your event, please complete this section.

Date: Time

Mayor Deputy Mayor All Council Division 1 Councillor

Division 2 Councillor Division 3 Councillor Division 4 Councillor Division 5 Councillor

Division 6 Councillor Division 7 Councillor

The County will confirm attendance prior to the event. Due to the varying schedules of Council, not all requested elected officials may be able to attend.

Noise Exemption

Any person or group planning an activity or event should apply for a noise exemption permit if it is expected to exceed the permitted noise/sound levels or if it will be occurring outside of the allowed time frame of **10 p.m.** This includes: filming productions, public events, weddings, or music festivals.

Do you require a noise exemption Yes No Extension to: a.m. p.m.

If yes, please explain why:

Required Information/Documentation

The follwing documents **may be required** in order to approve the permit for your special event based on the level of event you are having. Your County contact will assist you in the understanding of what needs to be included in the required documents.

Insurance Certificate Site Map

Liquor License Neighbour Notification

Verification (Mandatory)

Name: Email:

Date: Signature:

I acknowledge that [by displaying/typing my name above], I am signing this application, and I agree to be bound as if I had endorsed this document with my own handwritten signature.

If there is insufficient space within this application for all your event details, please include this information by submitting additional details on a separate page.

Please save this document and email your completed application with any attachments to specialevents@rockyview.ca.

FOIP Statement

The information on this form is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act ("the Act") and will be used solely for administering Rocky View County's special event application process. It will be treated in accordance with the privacy protection provisions of Part 2 of the Act.

Questions concerning collection of this information can be directed to the Manager of Recreation, Parks & Community Support at 403-230-1401 or specialevents@rockyview.ca.

County Contact Information

Rocky View County – Recreation, Parks & Community Support

262075 Rocky View Point, Rocky View County, AB T4A 0X2

specialevents@rockyview.ca 403-230-1401

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