

Manchester, VT 05254



APPLICATION

ANNUAL SPECIAL EVENT PERMIT

Permit No.: A____-

	Applicant		
	Applicant: Applicant Address:		
	Location of Event or Sale:		
	Contact Email:		
	Contact Phone:		
Amplified Amplified Tent Fireworks		Activity that may result in tr conditions on roads, sidewa Activity between 11:00 pm a quiet enjoyment of a persor	lks, and public areas and 8:00 am that may disturb t
Day of Eve Name:	ent Contacts: 	Cell:	
Name:	Title:	Cell:	
Name:	Title:	Cell:	
	Activities (e.g., music, dancing, den Quantity and Type of Facilities (e.g		erage sale):
45 Unio PO Box	n Street	DEPE	Ph: (802) 362 ZONING@villageofmancheste

Hours: Mon – Thu 9:00 am - 3:00 pm



ANNUAL SPECIAL EVENT PERMIT

Z-CASE No.: ____-

Describe Parking, Traffic, and Pedestrian Controls:

Describe Outdoor Lighting:

Describe Sign(s) and Type:

Up to two on premise signs are permitted. Signs may not exceed four square feet and shall be displayed no sooner than the day of the event. Signs shall be constructed to remain in place and not cause a hazard to motorists or pedestrians. Signs may not be placed on utility poles or trees in the public right of way per Sign Regulations (Section 10.6.3.1).

This application is not complete without the following:

- 1. **Notification of Adjoining Neighbors**: The applicant must notify the adjoining neighbors of the details of the types of event(s) and anticipated dates, range-of-dates, and time of day events will occur.
- Certificate of Insurance: A Certificate of Insurance naming the Village of Manchester as additional insured is required. Minimum accepted coverage shall be \$1,000,000 public liability insurance from an insurance carrier licensed to do business in the State of Vermont or such other amount as determined by the Village Trustees.
- 3. **Fee**: \$600.000

A copy of the approved permit must be displayed or on premise at all times while the permit is valid.

By my signature below, I attest that the Annual Special Event(s) will be conducted in accordance with Village of Manchester Ordinances, Bylaws, and Land Use Regulations.

Signature of Applicant:	Date:	
Approved:	Approved with Conditions:	Denied:
Conditions/Comments:		
Curan VanDerWielen, Zoning Adı	Date	
45 Union Street PO Box 482 Manchester, VT 05254	Ph: (802) 362-1515 ZONING@villageofmanchester.com Hours: Mon – Thu 9:00 am - 3:00 pm	