



TERMS AND CONDITIONS OF SPECIAL USE PERMIT  
2 WEEKS ADVANCE APPLICATION REQUIRED.

Please Complete the Following:

Name of Organization/Applicant:		Name of Event:
Category: <input type="checkbox"/> Private Individual <input type="checkbox"/> Commercial <input type="checkbox"/> Nonprofit/Civic <input type="checkbox"/> Government/School <input type="checkbox"/> Other (specify)		
Home Phone:	Work Phone:	Cell Phone:
Email:		Date of Event:
Address:		
City:	State:	Zip:

EVENT LOCATION DETAILS

Location Requested: (Check selection below)	<input type="checkbox"/> Other		
<input type="checkbox"/> BLUE HERON PARK	<input type="checkbox"/> Community Stage	<input type="checkbox"/> North Picnic Shelter	<input type="checkbox"/> South Picnic Shelter
<input type="checkbox"/> COLVER PARK	<input type="checkbox"/> Sports Field	<input type="checkbox"/> Concession Stand	<input type="checkbox"/> Picnic Shelter
Arrival Time:	End Time:	Estimated Attendance:	

SPECIAL USE PERMIT REQUESTED (Check all that apply)

<input type="checkbox"/> Parade	<input type="checkbox"/> Closing road(s) in area	<input type="checkbox"/> Selling food # of vendors ____
<input type="checkbox"/> Amplified sound (\$25.00 fee)	<input type="checkbox"/> Dumpster	<input type="checkbox"/> Selling non-food concessions
<input type="checkbox"/> Tent/canopy larger than 200 sq ft.	<input type="checkbox"/> Event involving animals	<input type="checkbox"/> Catered Event
<input type="checkbox"/> Charging admission	<input type="checkbox"/> Water beyond standard use	<input type="checkbox"/> Alcohol Served or Sold
<input type="checkbox"/> Vehicle access beyond parking lot	<i>(Requires permission from the City Council)</i>	
<input type="checkbox"/> Other (specify) _____		

Describe your activity or event, including route, location of street closure, cross streets, neighborhood, direction, landmarks, anything that will assist us in understanding and processing your request. Please describe what type of amplified sound to be used. (Attach supplemental page, diagrams or map if needed)

*I hereby certify that I am the authorized representative of the above organization ("Applicant"), that the above statements are true to the best of my knowledge. Applicant agrees to assume liability at all costs for any misuse or damage to public property, to be bound to the policies and regulations of the City of Phoenix, and to adhere to any additional requirements imposed by the City of Phoenix. I further understand that if any information on this permit request is found to be fraudulent or a misrepresentation of the facts, the permit may be revoked. Applicant agrees to indemnify, defend, and hold harmless the City of Phoenix, its agents, officers, volunteers and employees against all liability, loss, and costs arising from actions, suits, claims, or demands arising from Applicant's acts, omissions, or performance of the event permitted herein, and all liability, loss and costs arising from actions, suits or claims or demands for the acts and omissions of the City of Phoenix, its agents, officers, volunteers and employees, in connection with any support or assistance provided to Applicant in connection with the event permitted herein.*

APPLICANT SIGNATURE: _____	Date: _____
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**You will be notified when your permit has completed processing.** All city, county and federal laws and ordinances must be followed. A copy of approved permit must be available for inspection at event or activity. Emergency vehicle access must be maintained at all times. Any temporary directional pavement markings needed shall be made with temporary tape and not paint. The City of Phoenix has the right to revoke this permit at any time.

Fees can be paid in person at Phoenix Public Works, 1000 S. B St., Phoenix, OR - For questions call Public Works at 541-535-2226

SPECIAL USE PERMIT REQUEST

PHOENIX PUBLIC WORKS

541-535-2226

**Insurance Requirements (if required)**

Applicant shall procure and maintain liability coverage up to the limits of the Oregon Tort Claims Act, ORS 30.260, et seq., to cover property and personal injury liabilities arising from the event conducted herein. Applicant shall name the City of Phoenix, its agents, officers, volunteers and employees as additional insureds under such coverage and promptly provide written proof of such coverage to the City at the Public Works Department.

**The Certificate of Insurance must be provided prior to approval of the Special Use Permit**

**Permit Approved**  Yes  No

**Insurance Required**  Yes  No

SIGNATURE:

Date:

\_\_\_\_\_  
Public Works Superintendent

SIGNATURE

Date:

\_\_\_\_\_  
City Manager

SIGNATURE:

Date:

\_\_\_\_\_  
Phoenix Mayor or Designee

City Notes (Additional Requirements i.e. Insurance, Alcohol Permit, etc.)

Fees & Charges Payable by: check, credit card (\$3 fee) or money order. NO CASH

**Total Fees & Charges**

Paid by:  Credit (\$3 fee)  Money Order

Check # \_\_\_\_\_

Payment Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Copied to:  City Hall  Public Works  Planning Department  Police Department  Fire Department

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