TOWN OF NEWTOWN

SPECIAL EVENT PERMITAPPLICATION (NONPROFIT)

Land Use Agency | 3 Primrose Street | Newtown, CT 06470 | (203) 270-4276

Zoning Regulations 8.11

Please obtain the required signatures before submission. The completed application form will be reviewed by the Land Use Agency. Additionally, please submit site plans of proposed event area and associated parking.

Name of applicant: _____ Date of application: _____

Phone number: _____

Email address: _____

Name of organization: _____

Name and cell number of activity supervisor: _____

Address of event: _____

Signature of property owner: _____

Date(s) of event: _____

Hours of use: From _____a.m./p.m. To _____ a.m./p.m.

Estimated attendees: _____ (Youth) _____ (Adults)

Title of event: _____

Nature/type of activities: _____

Food vendor(s) (if applicable): _____

Provision for parking: _____

Signature of applicant/supervisor: _____

Fire Marshal signature:	Health District signature (only if serving food):

_____ _____

Zoning Officer Signature Date

Revised 2/24