Trustees
Gabe Cicconetti
Chuck Hillier
Josh Pennock

Township Fiscal Officer Michael A. Patriarca



55 Nye Rd. Painesville Twp., OH 44077

> Tel (440) 352-1443 Fax (440) 352-8169

Website www.painesvilletwp.com

Special Event

Permit Application

Event Location:		
Description of Event:		
Event Start Date:/ Eve	ent End Date:/	
Event Start Time: AM D PM	Event End Time: AM D PM D	
Projected Attendance:		
Organization Type:		
☐ Non-Profit ☐ Commercial	☐ Private Event	
Organization/Business Name:		
Contact Name:	Email Address:	
Address:	City/State/Zip:	
Phone Number:	Cell:	
Please describe any special permissions you	ur event may require (ie temporary signage):	

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1) Will any streets be closed for this event? Yes ☐ No ☐
If yes, please attach parade route and traffic detour plan.
On which date(s) will the street(s) be closed?
How long will the street(s) be closed? From: AM PM To: AM PM
2) Will canopies or tents be erected? Yes \(\square\) No \(\square\) Number of canopies/tents proposed and their sizes:
3) Do you plan to use sound amplification? Yes \(\square \text{No} \square \text{No} \square \text{If yes, from which hours do you plan to use sound amplification?} From: \(\square \text{AM} \square \text{PM} \square \text{To:} \square \text{AM} \square \text{PM} \square \text{PM} \square
Please attach detailed site plan for your event
Applicant Signature: Date: Date:
Trustee Decision: Decision Date://
\$25.00 Fee Paid: