



SPECIAL EVENTS TEMPORARY STRUCTURE PERMIT AFFIDAVIT REQUEST

DATE OF REQUEST: _____

EVENT NAME: _____

EVENT DATE(S): _____

EVENT LOCATION (S)/PROPERTY ADDRESS: _____

TEMPORARY STRUCTURES INSTALLATION (please list all structures and exact dimensions): _____

SETUP DATE: _____ BREAKDOWN DATE: _____

NAME OF VENDOR/COMPANY: _____

CONTACT PERSON: _____

CONTACT NUMBER: _____

IMPORTANT: Please be aware that this affidavit request is only for Special Events held on public property. Please make sure that the information on this form is complete, if it is not we will not consider it. Once we issue the affidavit, you will be notified that it is ready for pick up. Please present an original affidavit to the Building Department in order to obtain a permit.