

Important Information

All permit application forms must be printed on legal size paper (8 1/2" x 14"). Reduced size copies (printed on letter paper) are not acceptable because ample room is needed for handwritten notations on the applications by office staff.

Any forms that have a colored background must be printed in color.

Color printouts are necessary because the Division uses a color coding system. Print the following pages in color, on legal size paper.

Sign and have notarized where required.

Applications are not accepted by email.



Town of Greenwich
 DPW, Building Inspection Division
 Town Hall - 101 Field Point Road
 Greenwich, CT 06836-2540
 Phone: 203-622-7754 - Fax: 203-622-7848

OFFICE USE ONLY
PERMIT NO. _____
ISSUE DATE: _____
COMPLETED BY APPLICANT _____
PARCEL ID _____

PERMIT APPLICATION FOR SPECIAL EVENTS

The undersigned owner or authorized agent applies for a permit for the special event as noted below in accordance with the laws and ordinances of the Town of Greenwich, and as set forth in the accompanying plans and specifications and Chapters 27 and 31 of the CT State Building Code.

OWNERS AND AGENTS

(PLEASE TYPE OR PRINT)

PROPERTY OWNER _____ ADDRESS _____

TENANT / LESSEE _____ ADDRESS _____

PERMITTEE (EVENT ORGANIZER) [PERSON RESPONSIBLE FOR SUPERVISION OF EVENT, COORDINATION OF PERMITS, INSPECTIONS AND COMPLIANCE WITH ALL CODES & ORDINANCES]		
NAME _____	ADDRESS _____	
ORGANIZATION (IF ANY) _____	CONTACT PERSON _____	PHONE _____

INDICATE TYPE OF EVENT	INDICATE FACILITIES PROVIDED	INDICATE UTILITIES PROVIDED
<input type="checkbox"/> PRIVATE PARTY <input type="checkbox"/> PRIVATE FAIR <input type="checkbox"/> CONCERT <input type="checkbox"/> CHARITY EVENT <input type="checkbox"/> EXHIBITION/SHOW <input type="checkbox"/> PUBLIC CARNIVAL <input type="checkbox"/> OTHER <input type="checkbox"/> FUND RAISER	<input type="checkbox"/> TENTS <input type="checkbox"/> FOOD FOR PUBLIC <input type="checkbox"/> AMUSEMENT RIDES <input type="checkbox"/> COOKING EQUIPMENT <input type="checkbox"/> RAISED PLATFORMS <input type="checkbox"/> SEATING STRUCTURE <input type="checkbox"/> PLATFORM OVER POOL <input type="checkbox"/> VENDERS/BOOTHES	ELECTRICITY: COOKING/HVAC: <input type="checkbox"/> LIGHTS/OUTLETS <input type="checkbox"/> GAS/PROPANE <input type="checkbox"/> ELECT. PANEL BOARD <input type="checkbox"/> HEAT EQUIPT. <input type="checkbox"/> GENERATOR <input type="checkbox"/> A/C EQUIPT.

PROPERTY LOCATION

PROPERTY ADDRESS _____ on the NORTH SOUTH EAST WEST side

APPROXIMATELY (DISTANCE) N S E W FROM THE INTERSECTION WITH _____

SECTION OF TOWN
 CENTRAL OUTLYING NO. OUTLYING SO. BYRAM PEMBERWICK GLENVILLE COS COB RIVERSIDE OLD GREENWICH

REQUIRED EVENT INFORMATION	<input type="checkbox"/> 2005 CSBC [IBC]	<input type="checkbox"/> 2005 CSBC [IRC]	<input type="checkbox"/> Flood Zone
Date of event: _____	Date of requested inspection: _____	Time of inspection: _____	
From _____ To _____			

TENTS Supplied by _____

No. _____ Sizes _____ Total SF _____

Total occupancy _____ (over 50 persons - emergency lights req'd) Check if daytime event

Date erected _____ Date to be removed _____

RAISED PLATFORMS, STAGES OR SEATING

Check if you will provide a letter from a CT registered PE certifying that he/she has inspected the construction and same is designed to support a 100 PSF liveload at time of inspection.

Check if you have provided a plan, in duplicate, of raised platform, stage or seating structure with this application.

REQUIRED TRADE PERMITS	OFFICE USE ONLY
<input type="checkbox"/> Electrical (List electrician) _____	Receipt # _____
<input type="checkbox"/> HVAC (List contractor) _____	Receipt # _____

VALUE OF WORK: _____	PERMIT FEE - _____
	STATE EDUC. FEE - _____
INVESTIGATION FEE _____	TOTAL FEE DUE - _____

Certificate of Occupancy may be withheld until final valuation of work has been established and fee adjusted and paid. Issuance of this permit shall not be construed as a permit to perform any regulated activity on any inland wetlands.

AMENDMENTS:	OFFICE USE ONLY

BUILDING CODE REVIEW			
Other permits required:	<input type="checkbox"/> Required	<input type="checkbox"/> Not required	<input type="checkbox"/> Permit pickup requested
Electrical	<input type="checkbox"/> Required	<input type="checkbox"/> Not required	<input type="checkbox"/> Mail permit
HVAC	<input type="checkbox"/> Required	<input type="checkbox"/> Not required	
Health Department review	<input type="checkbox"/> Required	<input type="checkbox"/> Not required	Reviewed by: _____
Tent flame resistance certificate	<input type="checkbox"/> Submitted	<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
PE certification of raised platform	<input type="checkbox"/> Submitted	<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
Plan of raised platform	<input type="checkbox"/> Submitted	<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
Greenwich Fire Marshal review	<input type="checkbox"/> Submitted	<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
			Date _____

CODE INFORMATION

BUILDING CODE

Use group _____ Const. type _____

Stories _____ Height _____

HEALTH DEPARTMENT REVIEW

Is there food served to the public?
 Yes No

Reviewed by _____

Date _____

FIRE MARSHAL REVIEW

Residential Properties
 Occupancy of tent _____

Inspection req'd. Inspection not req'd.
 Non-Residential Properties (GFM review required)

Inspection req'd. Inspection not req'd.

Fire watch required: Yes No

Reviewed by _____

Date _____

Tax Stamp

PERMIT APPLICATION FOR SPECIAL EVENTS

AFFIDAVIT

THE UNDERSIGNED PROPERTY OWNER, BEING DULY SWORN, DEPOSES AND SAYS:

1. That he/she is the current owner of premises described on this application for a Special Event permit.
2. In accordance with the CT General Statutes, that the below said agent / permittee is duly authorized on behalf of the owner to execute and complete this application.
3. That the work described in this application is duly authorized by the current owner.
4. That the undersigned agent / permittee is hereby designated as the owner's representative with whom the Division of Building Inspection, DPW may deal with in respect to the work under this application.
5. That this authorization shall continue unless revoked by the owner by giving written notice of revocation to the Division of Building Inspection, DPW.

PERMITTEE (EVENT ORGANIZER) INFORMATION

(Owner signature required only for Non-residential properties)
CURRENT OWNER NOTARIZED AUTHORIZATION

CT Reg. No. _____ Name (type) _____

Name (type) _____ Signature _____

Signature _____ Subscribed and sworn to, before me on this

Phone _____ day of _____, 20 _____

Permit pickup requested Mail permit Notary Public signature _____

CONTACT PERSON FOR PERMITTEE (EVENT ORGANIZER)

Person responsible for arranging for inspections and required to be on site to meet with inspectors. This person will be expected to be responsible for having the applicable trade persons available to correct any code violations sited during inspection.

Contact name (typed) _____ Phone _____

AMENDMENTS:

CT Reg. No. _____ Phone _____ Date: _____

Name (type) _____

Signature _____

Address _____

AMENDMENTS:

CT Reg. No. _____ Phone _____ Date: _____

Name (type) _____

Signature _____

Address _____