



# TEMPORARY USE PERMIT

EVENT ADDRESS \_\_\_\_\_

TAX MAP PARCEL # \_\_\_\_\_

Proposed Use of the Property/Business Description: \_\_\_\_\_

Dates of Event/Use: \_\_\_\_\_ Times of Event: \_\_\_\_\_

Food:  YES  NO

**NOTE: If yes, contact Union County Environmental Health @ 704-283-3553**

\*Will the event require street closings?  YES  NO

**NOTE: If yes, please provide a map showing which streets will need to be closed & exactly where barricades will need to be located.**

\*Will the event require a tent or temporary structure?  YES  NO

\*What is the square feet of the tent or temporary structure? \_\_\_\_\_

**NOTE: Building and fire permits are required for tents or other temporary structures erected for a period of less than 180 days and that has an area greater than 120 square feet or is to be used by 10 or more occupants.**

\*Will the tent or temporary structure be used by 10 or more occupants? \_\_\_\_\_

Is the event in Downtown Monroe?  YES  NO

**NOTE: If yes, contact Downtown Monroe @ 704-292-1705**

Is the event in a City of Monroe Park or Facility?  YES  NO

**NOTE: If yes, contact Parks & Rec @ 704-282-4651**

If the event will be held on a City maintained street or City property, you will be required to submit a Certificate of Insurance with this application. See 2<sup>nd</sup> page for Certificate of Insurance requirements. For questions, please call Gerrell Wall @ 704-282-4597.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**PERMITTEE ACKNOWLEDGES THE POSSIBILITY OF SEVERE WEATHER CONDITIONS THAT MAY INCLUDE: RAIN, WIND, THUNDERSTORMS AND OR HAIL. SOME AREAS OF THE CITY, ESPECIALLY DOWNTOWN, ARE PRONE TO DAMAGING GUSTY WINDS. PERMITTEE ACKNOWLEDGES THE RISKS AND HAZARDS ASSOCIATED WITH SEVERE WEATHER CONDITIONS AND ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES ASSOCIATED WITH THE PERMITTED EVENT. THE CITY WILL NOT BE RESPONSIBLE FOR ANY WEATHER RELATED DAMAGES OR INJURIES THAT MAY ARISE.**

*I hereby certify that the information provided hereon is, to the best of my knowledge, correct and complete. I understand that providing false or incomplete information or violating an approved zoning permit may be grounds for revocation of the permit and any associated building permit.*

Applicant's Signature and Date \_\_\_\_\_

Property Owner's Signature and Date \_\_\_\_\_

## Certificate of Insurance Requirements:

Applicant shall maintain insurance policies at all times with minimum limits as follows:

<u>COVERAGE</u>	<u>MINIMUM LIMITS</u>
Workers' Compensation	Statutory Limits
Employers' Liability	\$500,000
General Liability	\$1,000,000 per occurrence/\$2,000,000 aggregate
Automobile Liability	\$1,000,000
Professional Liability (E & O)	\$1,000,000 per occurrence/\$2,000,000 aggregate

Applicant shall provide the City with a Certificate of Insurance for review prior to the issuance of any contract or Purchase Order. This should be an ACORD form. All Certificates of Insurance will require thirty (30) days written notice by the insurer or applicant's agent in the event of cancellation, reduction or other modifications of coverage. In addition to the notice requirement above, Applicant shall provide the City with immediate written notice of cancellation, reduction, or other modification of coverage of insurance. Upon failure of the Applicant to provide such notice, Applicant assumes sole responsibility for all losses incurred by the City for which insurance would have provided coverage. The insurance certificate shall be for the initial contract period of one (1) year and shall be renewed by the applicant for each subsequent renewal period of the contract.

The City shall be named as an additional insured and it is required that coverage be placed with "A" rated insurance companies acceptable to the City. Statement should read "City of Monroe is to be added as an additional insured as evidenced by an endorsement attached to this certificate."