

Special Event Permit Application

Today's Date: _____

Is this a new event? Yes No

Name of Applicant: _____

Phone: _____

Address: _____

Email: _____

Additional Applicant: _____

Phone: _____

Email: _____

Previous Experience: _____

Name of Event: _____

Type of Event: _____

Date of Event: _____ Start Time: _____ End Time: _____

Expected Number of Participants: _____

Do you anticipate needing a road closure? Yes No Not Sure

If Yes → Proposed Date(s): _____ Time(s): _____

Location(s): _____

Do you anticipate using any of the following:

Street

Bridge

Water

Sidewalk

Bridge Closure

Noise

Parking

Public Building

Fire/Explosives

Traffic Control

Temporary Structures

Demolition

Crowd Control

Lights

Other: _____

TRAFFIC CONTROL PLAN

Describe below, *in sufficient detail*, how the requested event will impact the public road right-of-way, and your plan for mitigating the impacts to the right-of-way area. **NOTE: You must submit a map with the application showing the event route or area clearly depicted.** Show north arrow, street(s), bridge(s), starting point, direction of travel, ending point, and any other information that would help identify the event. The traffic control plan must conform to MUTCD (Manual on Uniform Traffic Control Devices) standards.

PLEASE NOTE: If the event requires a complete road closure, the Traffic Control Plan will be submitted to the County Engineer, who will need to approve the closure. A full road closure requires the County to provide additional communications to the public, our road crews, and additional outside agencies, such as TriMet.

READ BEFORE SIGNING

- Applicant will provide Proof of Insurance.
- Applicant will provide a Traffic Control Plan (TCP) that includes a map of the roads and area affected by the event.
- Applicant will provide proof of notification to impacted properties, including businesses and residents, at least **ONE WEEK** in advance of the event. The dates and times must be included in the notification. Applicant will provide the County with an address list or map, and a copy of the notification.

By the signature below, the Applicant hereby affirms and warrants that all of the above provided information is truthful and accurate and that the local contact person(s) identified herein will have full authority to represent and bind the Applicant in all matters relating to the consideration of this application by Multnomah County including compliance with all the terms and conditions imposed by the County, including but not limited to the County's right to deny a permit.

Applicant: _____
Print Name

Title: _____

Authorized Signature: _____