



SPECIAL EVENT APPLICATION

Public Services Department – Planning Division

408 N. Spokane St. Post Falls, ID 83854

208.773.8708 Fax: 208.773.2505

STAFF USE ONLY

Date Submitted: _____ Received by: _____ Fee paid: _____ Permit # _____ Project# _____

PART 1 – REQUIRED MATERIAL

****THE APPLICATION WILL NOT BE ACCEPTED IF THE REQUIRED MATERIALS ARE NOT PROVIDED****

Temporary street or lane closures will require the applicant to obtain a road closure permit from the Community Development Department. (PFMC 10.28.040)

Application for Road/Lane Closure must be received by the Community Development a minimum of fourteen (14) days prior to the event. A Parade request must be received thirty five (35) days prior to event (\$100 fee).

ATTACHMENTS REQUIRED:

- Completed application form**
- Application fee** (*Per most recently adopted fee resolution*)
- Drawing:** *Identifying the portion of the street to be closed as well as cross streets.*
- Parades or events that require street closures:** *Shall submit and obtain approval of the street closure signage and control plan.*
- Certificate of Liability:** *Insurance naming the City as an additional insured*

PART 2 – APPLICATION INFORMATION

APPLICANT NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:
SIGNATURE:		DATE:
DESCRIPTION OF EVENT:		
LOCATION OF CLOSURE (ATTACH MAP):		
APPROX. NUMBER OF PARTICIPANTS:	START TIME:	END TIME:

EVENT SPONSOR/ORGANIZATION:	
CONTACT PERSON:	
EMAIL ADDRESS:	
PHONE (CELL):	WORK NUMBER:
HOME NUMBER:	

PART 3 – APPLICANT SIGNATURE(S)

I (We) understand, that applicants for a special events permit bear full responsibility for the orderly conduct of the special event permitted hereby and that the City of Post Falls provides no guarantee of safety or success. I hereby certify that as sponsor of the event I (we) endeavor to assure that all participants will comply with the laws, regulations, and the event requirements established by the City of Post Falls regarding such event. Furthermore, I hereby indemnify and hold the City of Post Falls harmless from any and all claims associated with this event.

Dated this _____ day of _____, 20 _____.

Signature (s): _____

City Staff Departmental Review

Originating Department: Community Development

Distribution Date: _____

Fee required: ____ Yes ____ No

Reviewed By (Initial):

N/A City Administrator _____ Police Department _____ Street Department
_____ Parks Department _____ Community Development Department

_____ Permit approved as requested

_____ Permit conditionally approved (conditions attached)

_____ Permit denied

By _____ Date: _____
Community Development Director

_____ Permit approved as requested

_____ Permit conditionally approved (conditions attached)

_____ Permit denied

N/A
By _____ Date: _____
Mayor

Copies to: Fire District
Highway District
Sheriff Department
Street Department
Police Department
Applicant

Public Services Department