



Activity # _____

TOWN OF BROOKFIELD

TEMPORARY EVENT APPLICATION

APPLICATION DATE: _____

PROPERTY I.D. # _____

APPLICANT/AGENT:

LANDOWNER OF RECORD:

Name: _____
Address: _____

Name: _____
Address: _____

Contact Name: _____
Phone # _____

Contact Name: _____
Phone # _____

DESCRIPTION OF EVENT:

SITE DATA:

Street Address: _____
Business Name: _____
Event Dates: _____

Zoning District: _____
Permitted Use: _____
Event Hours: _____

SIGN SPECIFICATIONS:

Sign Type	Sign Height	Sign Width	Total Square Footage	Distance ground to sign bottom	Distance ground to sign top	Number of sides	Color of text	Color of background	Resurface Only YES/NO
Roadside			0						
			0						

SIGN SETBACKS:

All footage distances from a sign to property lines and center of road, except building sign.

Center of Road		Rear Lot Line		Left Side Line		Right Side Line	
Actual		Actual		Actual		Actual	
Required		Required		Required		Required	

TENT DIMENSIONS:

NO TENT []	Tent Height	Tent Length	Tent Width	Total Square Footage	Describe Special provisions for parking:
				0	

REQUIRED ATTACHMENTS:

- A. Sketch showing dimension, text and color of sign.
- B. A plot plan indicating location of sign.
- C. A plot plan indicating location of the tent, if any.

HEALTH DEPARTMENT PERMIT:

If food will be served at the event, then the attached Health Department application must be completed.

I represent that this information is current, accurate and complete and that all the work has been completed in accordance with ordinances, regulations, building and health codes. I agree that any information that is determined to be false, or misleading will be subject to fines and penalties set by regulation, code or statute.

Signature: _____ OR Signature: _____
Applicant Property Owner

Comments: _____