



# TOWN OF PITTSFORD

## APPLICATION FOR TEMPORARY ACTIVITIES PERMIT

Name of Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ Type of event: \_\_\_\_\_

Name of sponsor / organization (if applicable): \_\_\_\_\_

Name of responsible person: \_\_\_\_\_ Phone: \_\_\_\_\_

Submission requirements include (required, if applicable):

- |   |                         |
|---|-------------------------|
| 1. Letter of intent (include details – i.e. fireworks, refreshment, alcohol, tent, entertainment, etc.) | 5. Sidewalks on plan    |
| 2. Property owner letter of permission  | 6. Street closing plan  |
| 3. Site plan/route plan   | 7. Number of attendance |
| 4. Parking layout   |                         |

### Applicant agreement

*I, the undersigned, agree to observe all town and local ordinances and furthermore, agree to any and all conditions set forth herein.*

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

### Property owner permission

*I hereby grant permission to the above applicant to apply for the above temporary activities permit on the property listed above.*

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date

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### OFFICE USE ONLY

Approved: Yes:  No:  Determination of exemption: \_\_\_\_\_

### Conditions

- |   |  |
|---|--|
| <input type="checkbox"/> Insurance amount \$ _____      | <input type="checkbox"/> Notify NYS DOT                      |
| <input type="checkbox"/> Notify Fire Marshal (248-6250) | <input type="checkbox"/> Notify Pittsford Highway (248-6270) |
| <input type="checkbox"/> Notify Monroe County Sheriffs  | <input type="checkbox"/> Monroe County Highway               |
| <input type="checkbox"/> Fee paid \$ _____              | <input type="checkbox"/> Monroe County Health Department     |
| <input type="checkbox"/> Other _____                    |  |

\_\_\_\_\_  
Authorizing Official

\_\_\_\_\_  
Date