



EVENTS PERMIT



FOR EVENT OR ACTIVITY IN CHELAN COUNTY RIGHTS-OF-WAY

*****Permit shall be mailed to the Chelan County Public Works Department one (1) month in advance of the event activity date.*****

1. Applicant's Name: _____

Address: _____

2. Organizer's True Name _____

Address: _____

UBI Number: _____

(Profit or Non-Profit)

3. **Permit Fee \$100.00** Check # _____

Check made out to Chelan County Public Works Department (Non-Profit No Fee)

4. Date(s) of Proposed Event/Activity: _____

5. Times for Proposed Event/Activity: _____ to _____

6. Name of Event/Activity: _____

7. Type/Description of Event/Activity: _____

8. Describe proposed route on county right-of-way, including start and end points, assembling points, and parking (please attach a map illustrating the route and other pertinent information):

9. Estimated number of people, vehicles, and/or animals expected to participate or be included in the event/activity (please provide detailed information):

10. Proof of permissions for event/activity officials, participants, and spectators to enter onto private and public property in relation to this activity (please attach to this document).

11. Proof of authorizations from other involved jurisdictions (please attach to this document).

12. Name of organizer's insurance company and policy number for coverage of this event/activity (please attach a certificate/proof of insurance showing coverage's and an endorsement including Chelan County as additional insured and providing that the organizer's insurance policy shall be primary insurance for the event/activity):

Company: _____

Policy Number: _____

13. Describe organizer's previous experience with the conduct and administration of this type of this event/activity (attach additional pages if needed):

14. Name of Event/Activity Coordinator: _____

Address: _____

Phone Number(s): _____

Alternate Contact Person: _____

Address: _____

Phone Number(s): _____

Email Address: _____

15. Traffic plan, safety plan, race plan (attach additional pages, documents, and maps or diagrams, if applicable):

16. Will any road closure or lane/shoulder restrictions be needed? Yes No

If yes, provide details (attach traffic control plans, if applicable):

IF A ROAD CLOSURE IS TO LAST IN EXCESS OF 12 HOURS, THE APPLICANT SHALL PUBLISH NOTICE IN A LOCAL PAPER AND POST ONSITE A MINIMUM OF THREE (3) DAYS PRIOR TO THE CLOSURE IN ACCORDANCE WITH RCW 47.48.

17. Documentation for any requested waiver or exemption (please attach):

18. Other:

19. Plan for Event Clean-Up:

20. Applicant's Signature

Applicant's Signature

Date and Place

Printed Name: _____

Title: _____

For County Use Only

- Chapter 9.26 of the Chelan County Code is incorporated by this reference.
- See attached Exhibit(s) _____ - _____ for additional conditions and route modifications.
- Fire Districts notified: _____
- Permit fee of \$100.00 (Copy of receipt attached).
- Payment in advance for necessary public safety personnel and equipment in the amount of \$_____ (Copy of receipt and related documents attached).

Reviewed and Approved:

Permit is Approved Denied

Chelan County Public Works Department

Chelan County Sheriff's Office

By: _____

By: _____

Date: _____

Date: _____

For questions, we may be reached at the following address, phone, or email:

Chelan County Public Works Department
316 Washington Street, Suite 402
Wenatchee, WA 98801

(509) 667-6415 or penny.goehner@co.chelan.wa.us