



APPLICATION for a TEMPORARY USE/SPECIAL EVENT PERMIT

For Office Use Only:		Permit # _____
Application Fee _____	Date Paid _____	Application Date: _____
Approval/Denial Date _____	Expiration Date (if applicable) _____	
		11/12/08

NOTE: Representation by the applicant at the meeting is required. The completed application, accompanied by all required information, documents, etc. (six copies ea.) must be submitted to the Town Clerk no less than 45 calendar days in advance of the event opening. Any temporary use permit must be compatible with the Rockville General Plan.

Applicant Information:

Contact Person _____
Phone No. _____

Name Bridgette Barney
 Organization Vacation Races Phone No. (435) 668-1189 Fax () _____
 Mailing Address 842 E. Apache Dr. Washington UT 84780
 Business Reference (if applicable) _____
 Address _____ Phone No. () _____ Fax No. () _____
 Liability Insurance naming the Town of Rockville as an insured:
 Policy # _____ Amount _____ Carrier _____

Project or Temporary Use Information:

- Attach cover letter describing the temporary use in detail.
- The scheduled date(s) of the temporary use.
- The scheduled end date of the temporary use and date on which all occupancy and temporary structures will be removed _____
- Anticipated attendance 2,500

Site Information:

- Street address/location SR-9
- Attach a copy of legal description of property where the temporary use will be held.
- Attach a notarized authorization from property owner, if different from applicant.
- Attach plans and drawings, to scale, showing location and uses of all temporary structures, parking areas, signs and other appropriate information to describe the site.

<u>Special Requirements (to be provided by applicant):</u>	<u>YES</u>	<u>NO</u>
<input type="checkbox"/> Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Electrical	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Portable Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Trash Dumpsters	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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|--|-------------------------------------|--------------------------|
| <input type="checkbox"/> First Aid Station | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Traffic Control | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Parking Plan | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Fire Protection | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> | <input type="checkbox"/> |

For all YES answers please describe how the requirements will be met

(Parking on SR-9) Runners will be along the shoulder of SR-9 through the town of Rockville. We will need to have residence Avoid parking on the street for the duration of the race.

Special Conditions of Temporary Use Permit:

- The temporary use will not create a hazard to the community.
- The existing right(s)-of-way will not be compromised at any time.
- All areas will be restored to conditions existing prior to the temporary use.
- Total liability for damages associated with the temporary use are that of the applicant.
- Dangerous materials will not be used or stored at the temporary use location.
- All appropriate licenses/permits will be secured by applicant prior to start of temporary use to include sales or service of alcohol, food, goods or other services.
- Other conditions deemed appropriate by the Town of Rockville.
- A performance bond may be required.

APPLICANT CERTIFICATION:

I certify under penalty of perjury that this application and all information submitted as a part of this application is true, complete and accurate to the best of my knowledge. I also acknowledge that I have reviewed the Town Ordinances and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are unique to individual uses. I agree also to comply with any and all applicable Town Ordinances in effect at this time. Should any of the information or representations submitted in connection with this applicant be incorrect or untrue, I understand that Rockville Town may rescind any approval, or take any other legal or appropriate action. I also agree to allow the Planning Commission, Town Council, or appointed agent(s) of the Town to enter the subject property, with reasonable notification, to make any necessary inspections. I have checked each item or indicated N/A for items that do not apply, and have insured that my plans and application are complete.

Signature Budgetter Barry Date 12/12/23

Approval:

Planning Commission Approval: _____ Date _____

Town of Rockville · PO BOX 630206 · ROCKVILLE, UT 84763 · PHONE/FAX - (435) 772-0992