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MAYOR AND CITY COUNCIL OF BALTIMORE
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
PERMITS AND CODE ENFORCEMENT
417 E. Fayette Street, Rm 100, Baltimore, MD 21202

Permit No.....
Dist No.....
Date Issued.....

TEMPORARY SPECIAL EVENT PERMIT APPLICATION
THE \$50 FILING FEE MUST BE SUBMITTED WITH APPLICATION

Official Designation: _____
DO NOT WRITE ABOVE THIS LINE

PROPERTY ADDRESS
K/A
OWNER Address Phone
LESSEE/AGENT Address Phone
PRIME CONTRACTOR Phone Lic. No.
ELECTRICAL CONTRACTOR Phone Lic. No.

DATE(S) OF EVENT TIME OF EVENT
SQUARE FOOTAGE OF AREA THAT WILL BE USED FOR EVENT IS THIS EVENT HELD INDOORS? YES NO

CHECK OR RESPOND TO ALL THAT APPLY

WILL FUNDS BE RAISED? YES NO

ARE ALL NET PROCEEDS FROM THE EVENT TO BE USED CONTINUOUSLY AND EXCLUSIVELY FOR THE BENEFIT OF A NONPROFIT, TAX-EXEMPT CHARITABLE OR RELIGIOUS ORGANIZATION? YES NO IF YES, YOU **MUST** SUBMIT EVIDENCE DOCUMENTING YOUR QUALIFICATION IN ORDER TO RECEIVE REDUCED FEES. DOCUMENTATION **MUST** BE ATTACHED TO **EACH** APPLICATION SUBMITTED.

IS THIS A SHORT TERM EVENT? YES **OR** ANNUAL EVENT? YES

WILL FOOD BE SERVED? YES NO WILL LIQUOR, BEER OR WINE BE SERVED? YES NO

WILL A STRUCTURE(S) (TENT, STAGE, BOOTH, ETC.) BE CONSTRUCTED FOR THE EVENT? YES NO

IF YES, LIST THE TYPE, QUANTITY, AND SQUARE FOOTAGE OF EACH STRUCTURE(S)
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TEMP WIRING: NUMBER KW TO BE USED NUMBER AMUSEMENT DEVICES
WHAT IS THE EXISTING USE OF THE PROPERTY WHERE THE EVENT IS TO BE HELD?

TYPE OF EVENT

- BAZAAR CARNIVAL CIRCUS DANCE DISPLAY EXHIBITION FAIR LECTURE MOVIE OR VIDEO
- PLAY RUMMAGE SALE SPORTING EVENT SUPPER OTHER ASSEMBLY

IF OTHER ASSEMBLY PLEASE DESCRIBE EVENT
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CUSTOMER: ADDITIONAL INFORMATION ABOUT EVENT:
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ZONING COMMENTS/REQUIREMENTS:
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The owner of the above-described property hereby approved this application and agrees to comply with all ordinances of the Mayor and City Council of Baltimore and to do no work not specifically covered by this application.

"I declare under penalties of perjury that this application, including any accompanying plans, specifications, etc. has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of the work to be covered by this application. I also declare that I am the owner or have specific approval of the owner to act as agent for this application."

SIGNED: _____ DATE: _____
Signature of Owner or Authorized Agent Print Name

ADDRESS: _____
Print Number and Name of Street City State Zip Code Phone

E-MAIL ADDRESS: _____

PERMIT FEES (TO BE COMPLETED BY OFFICE STAFF ONLY)

EVENT	
MISCELLANEOUS CONSTRUCTION	
MISCELLANEOUS	
AMUSEMENT DEVICES	
TEMP WIRING	
	TOTAL FEES \$
	5% TAX
	FILING FEE
	TOTAL \$

DEPARTMENT	DATE	APPROVED BY	DISAPPROVED BY	NOTES
BUILDING INSPECTION				
FIRE DEPARTMENT				
HEALTH DEPARTMENT				
DEPARTMENT OF PLANNING				

ZONING APPROVAL _____

BY _____ DATE _____

APPROVED
 Michael Braverman
 Building Official
 Permits and Codes Enforcement

PER: _____

DATE: _____