TEMPORARY OUTDOOR EVENT APPLICATION

Thomas Township 249 N. Miller Road Saginaw, MI 48609 Phone: 989-781-0150

Fax: 989-781-0290 www.thomastwp.org

This application must be filled out completely and returned to the Community Development Department no less than 30 days prior to the event.

Name:			
Address:			
Phone Number (Home):		_ (work):	
Signature:		Date:	
parking lots, driveways, parl plan drawing must be to sca nullify the Township Noise C plan drawing, you must subi will be addressed to insure t	king spaces, seating, le and dimensions n Ordinance which is e mit a letter explaining that the public and v	lan) on a minimum of 2' by 3' paper showing proper, lighting, bathrooms, tent location, and fire hydran must be shown. Keep in mind the approval of this penforced by the Township Police Department. Accoing the intended temporary event, all safety concernworkers at the event will remain safe. (The Thomas and Zoning Department may contact you for additional	t location. The site ermit does not mpanying the site as, and how they as Township Police,
Explain the event:			
Duration of Event (Maximum	ı of 14 days):	Dates of event:	
Start Time:	End Time:		
Location of Event:			
Tax Identification Number: _		Zoning:	
	Current Owner	of Property if different than applicant	
Name:			
Address:			
Phone Number (Home):		(Work):	
Owners Signature:		Date:	