



Alpine County Community Development

50 Diamond Valley Rd, Markleeville CA 96120

Phone (530)694-2140

[Planning Division | Alpine County, CA - Official Website \(alpinecountyca.gov\)](http://alpinecountyca.gov)

Special Event Application		
General Event Information		
Name of Event:		
Date and Time of Event:		
Location/Address <i>(include APN's if know)</i> :		
Number of Participants/Attendees <i>(if less than 75 no special event permit needed)</i> :		
Applicant Information		
Name:		Phone #:
Mailing Address:		City:
State:	Zip Code:	Email Address:
Property Owner Information		
<i>(skip section if owner info is the same as applicant info)</i>		
Name:		Phone #:
Mailing Address:		City:
State:	Zip Code:	Email Address:



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Application Submittal Requirements and Acknowledgement

Applications missing any of the required items listed below will be deemed incomplete and delay the processing time.

1. A complete special event application must include the following items:
 - Applicant and property owner signatures.
 - All pages of this application packet filled out.
 - Any supplemental materials requested/required in the information checklist.
 - A site plan depicting the location of all proposed activities and facilities indicated on the checklist.
2. Payment of application fee *(based on number of attendees and collected after online submittal)*
3. Liability insurance of one million dollars which stipulates that Alpine County employees are additionally insured and indemnified from all costs and claims that may be a result of the event.

Application materials may be submitted to the Community Development Department through our online portal [Citizen Portal \(iworq.net\)](http://iworq.net). Please be sure to save a completed copy of *this* application to your computer so that you can upload it upon creation of your online permit application.

I hereby declare under penalty of perjury that this application and all information submitted as part of this application are true and accurate to the best of my knowledge. I am the owner of the subject property or have been authorized in writing by the owner(s) of the subject property to represent this application, and I have obtained authorization to submit this application from any other necessary parties holding an interest in the subject property. I understand it is my obligation to obtain such authorization, and I further understand that the county accepts no responsibility for informing these parties or obtaining their authorization.

I understand that I am responsible for all fees set forth in the Alpine County Master Fee Schedule associated with this application.

Applicant Signature:

Date:

Property Owner Signature:

Date:



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Special Event Description and Schedule

Please provide a brief description of the event:

	Date	Time
Setup		
Event		
Tear-down & cleanup		

Will alcohol either be sold or distributed?

Is amplified sound proposed?

Yes:

No:



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Attendance

On Site contact (*person present day of event*):

Phone #:

Email:

Staffing	Y/N	Source or provider if applicable
Organizers		
Parking Attendants		
Security		
First Aid/Medical		
Other		

Total number of participants (staff & attendees):

Site Plan Checklist

Identify the services, items and activities associated with the proposed event.

1. Draft a site plan that reflects the layout of the event grounds and the location of all items identified by the check list below.
2. In addition to the items indicated on the checklist the site plan shall also indicate the following:
 - Vicinity showing the property where the event will take place and surrounding roads and properties.
 - Event or property boundaries.

Yes	N/A	
		Tent
		Vendors
		Stage
		Signage

Other:



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Site plan checklist continued.

Yes	N/A	Waste Management
		Temporary Restrooms
		Wash Stations
		Trash & Recycle Receptacles
		Dumpsters
Other:		

Please use the space below to describe when and how often waste will be removed.

Yes	N/A	Transportation
		Parking
		Vehicle, pedestrian, and emergency access routes
		Detours
		Shuttle route
Other:		

Yes	N/A	Safety & Security
		Fencing
		Gates
Other:		



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Please use the below space to identify any other services, items, or activities not on the checklist.