



TOWN OF PITTSFORD

APPLICATION FOR TEMPORARY ACTIVITIES PERMIT

Applicant Name: _____

Applicant Address: _____

City: _____ Zip: _____ Phone: _____

Type of event: _____

Date(s) of event: _____ # of Attendees: _____

Name of person responsible: _____ Phone: _____

Name of Sponsor / Organization (if applicable): _____

Event Address: _____ City: _____ Zip: _____

Submission Requirements:

- Letter of intent (should outline the event and include detail - ie. alcohol, tent, fireworks, etc.)
- Insurance Forms
- Site plan/route plan (if applicable):
- Parking layout (if applicable):
- Street closing plan (if applicable):

OFFICE USE ONLY	
Permit #:	_____
Issue Date:	_____

Applicant Agreement:

I, _____ agree to observe all Town and local ordinances and furthermore, agree to any and all conditions set forth by the Town of Pittsford Department of Public Works.

Signature: _____ Date: _____

Property Owner /Operator Agreement:

I, _____ hereby grant permission to the above signed applicant to apply for the above referenced temporary activity at the property listed above.

Signature: _____ Date: _____

OFFICE USE ONLY

- Notify Fire Marshal (248-6250)
- Notify NYS DOT/MCDOT
- Notify TOP Highway Dept.
- Notify Monroe County Health Dept.
- Notify Monroe County Sheriff

Authorizing Official: _____ Date: _____