



# Town of Clayton Planning Department

111 E. Second Street, Clayton, NC 27520  
P.O. Box 879, Clayton, NC 27528  
Phone: 919-553-5002  
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## SPECIAL EVENT PERMIT APPLICATION

*Pursuant to Article 7, Section 155.712 of the Unified Development Code, a property owner/business owner within the jurisdiction of the Town (or a duly authorized agent) may apply for a Special Event Permit from the Planning Department. Special Event Permits are valid for a maximum 30 days within a one year time period.*

*Applications must be accompanied by one (1) copy of a site plan depicting the special event location, an Owner's Consent Form and the \$100.00 application fee (if applicable). All fees are due when the application is submitted. NOTE: If the event is to be held on public property, approval to use the property must be obtained from Town Council; therefore the application must be submitted 90 days prior to the event.*

A special event is a non-routine happening or social activity such as a festival, concert, sporting event, parade, walk or run bringing people together in a defined area on Town property, right of way, or private property. Special events generally require Town services to ensure safety and coordination.

Applications and events are prioritized based on a first come-first served basis and the Town may approve or disapprove an event's requested date based on availability of resources. Events that occur on an annual basis will receive priority the following year.

## APPLICANT INFORMATION

Name of Event: \_\_\_\_\_  
Applicant Name and Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Mailing (Billing) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## EVENT INFORMATION

Event Location: \_\_\_\_\_  
Event Address: \_\_\_\_\_ Parcel ID : \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_  
Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_  
Will roads need to be closed:  Yes  No  
Set Up Begins: \_\_\_\_\_ Clean Up Ends: \_\_\_\_\_  
Estimated Attendance: \_\_\_\_\_  
Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TOWN OF CLAYTON STAFF USE ONLY

Date Received: _____	Amount Paid: _____	Permit Number: _____
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## ORGANIZATION INFORMATION

Please complete the following information if the Special event is benefitting an organization or check the box if not applicable:  N/A

Is the Organization a 501(c) 3?  Yes  No

	Yes	No
1. Is the Special Event being held by or for the benefit of an organization?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the organization a 501(C)3	<input type="checkbox"/>	<input type="checkbox"/>

Briefly describe the purpose of the organization: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Organization Email: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

## TENTS & MEMBRANE STRUCTURES

\*\* A **TENT** is a structure, enclosure, or shelter, with or without sidewalls or drops\*\*

To be completed by the applicant:			To be completed by staff: Permit/Inspections Required?	
	Yes	No	Yes	No
1. Will tents be used at the event?	<input type="checkbox"/>	<input type="checkbox"/>		
2. How many tents will be used?				
3. What is the size of the tents being used? <i>Please note that tents greater than 240 square feet in size require a building permit and associated inspections.</i>				
4. Are there multiple tents without sidewalls being placed side by side? <i>Please note that 12 feet of separation is required between all tents larger than 700 square feet. .</i>	<input type="checkbox"/>	<input type="checkbox"/>		

\*\* A **MEMBRANE** structure is an air-inflated or air supported structure \*\*

To be completed by the applicant:			To be completed by staff: Permit/Inspections Required?	
	Yes	No	Yes	No
1. Will a membrane structure(s) be used at the event?	<input type="checkbox"/>	<input type="checkbox"/>		
2. How many membrane structures will be used?				

## POWER SOURCES

To be completed by the applicant:	Yes	No	Staff Notes
1. Will you use electric generators?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Will you use a Town of Clayton power source?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PLEASE NOTE: NO direct wiring to any power source is permitted.</b>			

## VOICE/MUSIC AMPLIFICATION

To be completed by the applicant:	Yes	No	Staff Notes
1. Are there any musical entertainment features related to your event? (If no, proceed to next section)	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, state the number of bands:			
2. Will a temporary stage be utilized?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, please state the number of stages			
3. Will the event use amplified sound?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, please list start time and finish time.	<b>Start Time</b>	<b>Finish Time</b>	

## HAZARDOUS MATERIALS

To be completed by the applicant:	Yes	No	Staff Notes
1. Will the event have any hazardous materials such as propane, butane, gasoline, diesel tanks, helium cylinders or other upright tanks? <i>If yes, note that all tanks must be secured in a manner to prevent accidentally being knocked over. All helium tanks not being used shall have their caps in place.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Will there be any portable heaters?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Will there be any deep fat fryers?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Will there be any fireworks, lasers, torches, candles or pyrotechnics? <i>If yes, please contact the Fire Marshall for more 919-553-1520 information.</i>	<input type="checkbox"/>	<input type="checkbox"/>	

## ALCOHOL

To be completed by the applicant:	Yes	No	Staff Notes								
1. Will alcoholic beverages be served? <i>If yes, an ABC permit is required.</i>	<input type="checkbox"/>	<input type="checkbox"/>									
2. Will alcoholic beverages be sold? <i>If yes, an ABC permit is required.</i>	<input type="checkbox"/>	<input type="checkbox"/>									
3. What type of alcohol will be served?											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;"><b>Draft Beer</b></td> <td style="width: 25%; border-bottom: 1px solid black;"><b>Can/Bottle Beer</b></td> <td style="width: 25%; border-bottom: 1px solid black;"><b>Wine</b></td> <td style="width: 25%; border-bottom: 1px solid black;"><b>Liquor</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>Draft Beer</b>	<b>Can/Bottle Beer</b>	<b>Wine</b>	<b>Liquor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Draft Beer</b>	<b>Can/Bottle Beer</b>	<b>Wine</b>	<b>Liquor</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
4. Who will be serving the alcohol? <i>Please identify on the site plan the locations within event site where alcohol will be served.</i>											
5. List times that alcohol will be served	<b>Start Time</b>	<b>Finish Time</b>									
6. Copies of the ABC permit should be submitted upon receipt to the Planning Department.											

## VENDORS

	Yes	No	Staff Notes			
1. Will the event include mechanical rides, or other similar attractions? <i>Applicants contracting with amusement ride companies are required to provide the Town of Clayton with a certificate of insurance, naming applicant and the Town of Clayton (if applicable) as additional insured on general liability.</i>	<input type="checkbox"/>	<input type="checkbox"/>				
2. Please list/describe rides and attractions:						
3. Does the event have food vendors?	<input type="checkbox"/>	<input type="checkbox"/>				
If yes, check all that apply:						
<b>Served</b>	<b>Sold</b>	<b>Free</b>	<b>Catered</b>	<b>Served Outdoors</b>	<b>Other</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. If the event includes food concessions and/or cooking areas: <i>Event organizers are required to submit a Temporary Food Event Sponsor form with Johnston County Environmental Health (919-989-5180) at least 14 days prior to the event. A copy of the application must be submitted to the Planning Department at the same time. Fire Code requires a fire extinguisher at each cooking location.</i>	<input type="checkbox"/>	<input type="checkbox"/>				

## TOWN SERVICES

*The Town of Clayton does not provide amenities such as portable washrooms, sound systems, tables, chairs, tents, canopies or other equipment. The applicant is responsible for arranging and providing services such as solid waste, wastewater, event clean up, traffic control, etc.*

TRASH RECEPTICLES/ROLL-OUT CARTS	Yes	No	Staff Notes			
1. Does the event require roll-out carts?	<input type="checkbox"/>	<input type="checkbox"/>				
2. What types of trash will be discarded?						
<b>Aluminum Cans</b>	<b>Glass Bottles / Jars</b>	<b>Plastic Bottles / Cups</b>	<b>Paper Cups / Plates</b>	<b>Styrofoam Cups / Plates</b>	<b>Other</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. How many trash roll-out carts are needed?	<b>Number</b>					
4. How many recycle roll-out carts are needed?						
5. Delivery location?						
6. Date rollout carts are to be delivered/picked up?	<b>Delivered</b>	<b>Picked-up</b>				
<b>PUBLIC PROPERTY CLEAN-UP</b>						
7. Will portable toilets be used during the event?	<input type="checkbox"/>	<input type="checkbox"/>				
8. Date portable toilets will be delivered/and removed?	<b>Delivered</b>	<b>Picked-up</b>				
9. What is the clean-up plan for the event?						
<p><i>Applicants are responsible for cleaning and restoring the site after the event. Please pick up all trash including paper, plastic, bottles, cans and event marketing signs. Any cost incurred by the Town due to the failure of an applicant to clean and/or restore the site following the event will be borne by the applicant. If you believe that no litter will be generated during your event, please state this in your plan.</i></p>						

SAFETY AND SECURITY				Yes	No	
10. Will security be used during the event?				<input type="checkbox"/>	<input type="checkbox"/>	
11. Will overnight security be used?				<input type="checkbox"/>	<input type="checkbox"/>	
12. How many off duty officers will be used?						
13. Please check the type(s) of security that will be used:						
Alcohol Security	Stage Security	Event Area Security	Gate Security	Money Handling Security	Other	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Date(s) and time(s) security will be on site:						
<i>Applicant may be required to hire off-duty Town of Clayton police officers to provide security to insure public safety. The Town of Clayton Police Department will determine the number of security personnel required on site.</i>						

## SITE PLAN

***Provide a detailed Site-Plan sketch of the event. Include maps, outline or diagram of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. The plan should include the following information (if applicable):***

- Location of the event/activity on the property. Showing adjacent streets/roads and boundaries.
- Location of temporary structures that will be used during the event. Must indicate size of temporary structures, distances between temporary structures and existing buildings.
- Identify how each temporary structure will be used. Example: type of vendor, food preparation, alcohol sales, etc.
- Identify location of all cooking devices and open flames. (Grills only)
- Location of all fencing, barricades, or other restrictions that will impair access to and from the event or property.
- Identify all designated parking areas.
- Identify location of any generators and fuel storage.

## SITE PLAN SKETCH

*(Note: you may sketch site plan here or attach a drawing to the application.)*

## EVENT BOUNDARY AND ROAD TRAFFIC PLAN

EVENT TYPE						Yes	No	Staff Notes
1. Will the event include use of public streets?						<input type="checkbox"/>	<input type="checkbox"/>	
2. How will the route be utilized?								
Parade	March or Walk	Vehicles Only	Vendors	Foot/Bicycle Race	Other			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. How many participants are expected?					Number			
4. How many floats will participate?								
5. How many vehicles will participate?								
						Yes	No	
6. Will animals participate in the event?						<input type="checkbox"/>	<input type="checkbox"/>	
7. If yes, please list the types of animals:								
<b>EVENT BOUNDARIES</b>								
<i>Please describe the event boundaries. If event is a road event then include route below. If there is more than one segment to the event, include start and finish times for each segment. (Example: The "GENERIC AWARENESS RUN" may include a 5K, a 10K, and a Fun Run).</i>								

## ROAD CLOSURE REQUESTS

*All road closure requests are reviewed by the Town of Clayton. Approval, denial, or modification of road closure requests is at sole discretion of the Town, including but not limited to the route, placement and number of all barricades, signs and police/volunteer locations. If your event involves road closures, please attach a Route and Traffic Plan. Include the required information (listed below) and any additional information that you believe applies to your event.*

ROAD CLOSURE			Staff Notes
1. List the street(s) and times in which street(s) will need to be closed ( <i>Please note that NC and US roadways require approval from the North Carolina Department of Transportation</i> ):			
<b>Street(s):</b>	<b>Begins</b>	<b>Ends</b>	
2. How many participants are expected?		Number	
<b>EVENT ROUTE</b>			Staff Notes
<b>DESCRIBE THE EVENT ROUTE BELOW. IF THERE IS MORE THAN ONE SEGMENT TO AN EVENT, INCLUDE START AND FINISH TIMES FOR EACH SEGMENT.</b> (Example: The "GENERIC AWARENESS RUN" may include a 5K, a 10K, and a Fun Run).			
<i>Please note that white temporary water-base paint can be used to mark the route on the street pavement (May be purchased at common hardware stores such as Lowes, Home Depot, etc.).</i>			

## ROAD CLOSURE/DETOUR PLAN

*Illustrate a plan to include roads that you are requesting to be closed to vehicular or other traffic for your event. Include all proposed locations for barricades, signs and police/volunteers. Identify the proposed locations for emergency access lanes (Minimum 20' width) throughout the event site. Describe planned arrangements to resolve conflicts with people trying to reach businesses, their own residences, places of worship and public facilities including public transportation.*

*(Note: you may sketch site plan here or attach a drawing to the application.)*

## SPECIAL EVENT PROCESSING

*The applicant must follow the steps below in chronological order to ensure successful processing of the Special Event request:*

1. Request a pre-application meeting with the Planning Department to discuss the scope of the Special Event. If the event is downtown, the meeting must include the Downtown Development Coordinator.
2. Submit a completed application with any important supplemental information.
3. Provide proof of \$1,000,000 General Liability Insurance. Certificate naming Town of Clayton as Additional Insured may be required.
4. Meet with the Special Events Committee to review the request, receive comments and a recommendation of approval for the event.
5. If Special Events Committee approves, a staff request will be made to the Town Clerk in order to be placed on a Town Council agenda if Town services or road closures are necessary.
6. Upon agenda scheduling, applicant will present the Special Event request to Town Council to receive authorization.

7. If the event will utilize Horne Square, a \$250.00 deposit is required following approval.
8. Prior to the Event, a meeting to review the incident action plan (IAP) is required

**Upon completion of the steps above, the Planning Department will issue a Special Event Permit approval (with or without Conditions), or notify the applicant in writing that the request is denied.**

***DO NOT ASSUME, ADVERTISE, OR PROMOTE YOUR EVENT UNTIL YOU HAVE A SIGNED PARADE PERMIT FROM THE TOWN OF CLAYTON POLICE DEPARTMENT. CONFLICTS DO ARISE AND CHANGES TO THE REQUEST MAY BE NECESSARY.***

**USE OF TOWN OWNED PROPERTY**

	Yes	No
1. Use policies and procedures obtained and submitted for use of any Town owned property or streets.	<input type="checkbox"/>	<input type="checkbox"/>

**DENIAL OR REVOCATION OF PERMIT**

**Denial**

A Special Event Permit application may be denied if it is found that its granting would not be in the Town of Clayton’s or the public’s interest. Any applicant denied a permit to utilize Town-owned property for a special event shall receive a written statement outlining the grounds on which the denial is based. The applicant may appeal the denial of the application to the Town Council within fifteen working days of the written denial and the Town Council may take such corrective action as it shall find necessary. The findings and the determination of the Town Council shall be final.

**Permit Revocation**

The Town may revoke a permit issued pursuant to this section if the applicant or operator of the special event has:

1. Misrepresented or provided false information in the permit application;
2. Violated any provision of the Town of Clayton Unified Development Code or Johnston County Health Department regulations;
3. Violated any law, regulation or ordinance regarding the possession, sale, transportation or consumption of intoxicating beverages or controlled substances; or
4. Operated the special event in such a manner as to create a public nuisance or to constitute a hazard to the public health, safety or welfare, specifically including failure to keep the Town of Clayton owned property clean and free of refuse.

**APPLICANT’S AFFIDAVIT**

***I/We, the undersigned, do hereby make application and petition to the Planning Department of the Town of Clayton to approve the subject Special Event Permit. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Planning Department of the Town of Clayton, North Carolina, and will not be returned.***

***The undersigned does understand and agree to the rules and regulations that apply to a Special Event Permit.***

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NORTH CAROLINA  
JOHNSTON COUNTY**



**INDEMNIFICATION AGREEMENT**

I, \_\_\_\_\_ have submitted an application for a Special Event Permit for \_\_\_\_\_ on property owned by the Town of Clayton. As the authorized applicant/authorized representative for the Special Event, I hereby agree to indemnify and hold the Town of Clayton, its officers, agents and employees, harmless from all claims, liabilities, demands, expenses, of any nature or kind, expresses or implied, whether sounding in tort or in contract that may be asserted against the Town, its officials, agents and employees by any person, firm, or corporation, that may arise out of any acts or omissions, active or passive, related to operating an event on the Town's property.

\_\_\_\_\_

Signature of Applicant & Authorized Representative of Event

Sworn to (or affirmed) and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Official Seal)

\_\_\_\_\_  
*Official Signature of Notary*

\_\_\_\_\_, Notary Public  
*Notary's printed or typed name*

My commission expires: \_\_\_\_\_