



## Permit Center

210 Lottie Street, Bellingham, WA 98225

Phone: (360) 778-8300 TTY: (360) 778-8382

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# Special Event Permit Application

<b>TITLE OF EVENT</b>	
<b>EVENT ORGANIZER / SPONSOR</b>	
<b>MAILING ADDRESS</b>	
<b>APPLICANT NAME</b> (please print)	<b>PHONE NUMBER &amp; EMAIL ADDRESS</b>
<b>DESCRIPTION OF EVENT</b> (attach additional information if necessary)	
<b>EVENT LOCATION</b>	
<b>EVENT DATE(S):</b> _____	<b>EVENT HOURS:</b> _____
<b>SET-UP BEGINS AT:</b> _____	<b>CLEAN-UP ENDS AT:</b> _____
<b>STREET/TRAFFIC/PARKING IMPACTS</b>	
Will the event require the closure of street(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which street(s)? _____	
Between which two cross streets? _____ and _____	
Will parking space(s) be blocked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• If yes, are these spaces metered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the street you are proposing to close on a WTA bus route?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• If yes, you are required to notify WTA and obtain their approval. See <a href="http://www.ridewta.com">www.ridewta.com</a> or visit at 4011 Bakerview Spur, Bellingham.	

**ADDITIONAL INFORMATION**

Is the event open to the general public, without admissions fees, age or other conditions to participate, or registration requirement? Yes  No

How many participants are being planned for? \_\_\_\_\_

Will signs, sandwich boards, or banners be posted on sidewalks or streets? Yes  No

Will food be served or consumed? Yes  No   
• If yes, you are required to obtain approval from the Whatcom County Health Department.

Will alcohol be served or consumed? Yes  No   
• If yes, you are required to obtain approval from the WA State Liquor and Cannabis Board.

Will there be amplified music? Yes  No

Will your event include any of the following? (if yes, a separate Fire Permit may be required)

Tents  BBQ  Heaters  Fire Pits / Open Flame  Inflatable Toys / Bounce House

**Describe any special requests you have of City personnel (e.g. sprinkler shut-off, electricity, water, etc)**

**The following information must be submitted with your application:**

- 1) **Event Site Map.** See the Special Event Guide for requirements.
- 2) **Preliminary Traffic Control Plan** (if event is to occur in the public right-of-way). See the Special Event Guide for more information.

*I hereby acknowledge that I have read this permit application in its entirety and state the information is correct, and agree to comply with all City ordinances and State laws regulating activities covered by this permit application. I also acknowledge that by signing the application I am the responsible party to receive all correspondence from the City regarding this project. I understand that if this form is being submitted electronically then my typed name on the signature line will qualify as my signature for purposes of the above certification.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_