



# HARFORD COUNTY DEPARTMENT OF PLANNING AND ZONING PUBLIC EVENT ROUTING FORM

## Instructions:

- Application with site plan must be received at least 60 calendar days before an event.
- Please ensure that every field is completed prior to submitting.
- Late or incomplete applications will not be processed
- For questions contact the Department of Planning and Zoning at 410.638.3103.

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## Section I. Event Details

1. Start Date: \_\_\_\_\_
2. End Date: \_\_\_\_\_
3. Start Time: \_\_\_\_\_
4. End Time: \_\_\_\_\_
5. Location: \_\_\_\_\_
6. Zoning of Property: \_\_\_\_\_
7. Title of Event: \_\_\_\_\_
8. Event Type (Please specify):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Total Number of Participants Expected: \_\_\_\_\_

10. Annual Event:  Yes  No      Any Changes From Previous Year:  Yes  No  N/A

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## Section II. Organizer/Applicant Information

1. Name of Applicant/Organization: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone: \_\_\_\_\_
4. Representative of the Organization: \_\_\_\_\_
5. Title: \_\_\_\_\_
6. E-mail: \_\_\_\_\_
7. Primary Phone: \_\_\_\_\_
8. Cell: \_\_\_\_\_

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## Section III. Traffic & Safety

1. SHA Application Filed:  Yes  No      If yes, date filed: \_\_\_\_\_
2. Requesting Police Assistance:  Yes  No      Proposed Route Attached:  Yes  No
3. Adequate Parking:  Yes  No      If yes, location: \_\_\_\_\_

4. Emergency Medical Services:  Yes  No If yes, describe: \_\_\_\_\_

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5. Security Provided:  Yes  No If yes, please attach a detailed security plan to this form.

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#### **Section IV. Amenities**

1. Food Services:  Yes  No If yes, type: \_\_\_\_\_

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2. Liquor License:  Yes  No If yes, type: \_\_\_\_\_

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Adequate/Approved Control and Containment:  Yes  No  N/A

3. Gambling Devices:  Yes  No If yes, type: \_\_\_\_\_

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4. Sanitary Facilities:  Yes  No Provided by: \_\_\_\_\_

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Type: \_\_\_\_\_ No of Units: \_\_\_\_\_

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5. Garbage Receptacles:  Yes  No If yes, provide number of units: \_\_\_\_\_

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6. Private Water Supply:  Yes  No If yes, provide details: \_\_\_\_\_

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7. Temporary Structures:  Yes  No If yes, type: \_\_\_\_\_

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8. Amplified Music:  Yes  No If yes, provide details: \_\_\_\_\_

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#### **Section V. Use of Public Roadway**

1. Start Area: \_\_\_\_\_

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2. End Area: \_\_\_\_\_

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3. No of Vehicles: \_\_\_\_\_

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4. No of Pedestrians: \_\_\_\_\_

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Reviewing Stand:  Yes  No If yes, location: \_\_\_\_\_

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#### **Section VI.**

I hereby acknowledge and agree that the event sponsor will comply with all applicable local, state and federal regulations and will adhere to the conditions imposed by state or local agencies. By affixing my name on this form, the applicant/sponsor agrees to hold the public agencies harmless from any liability incurred by them or to others associated with this event. A copy of the proposed course map or roads affected is attached.

Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_