



SIMPLIFIED SPECIAL EVENT PERMIT APPLICATION

RETURN TO: CITY OF DURHAM POLICE DEPARTMENT
SPECIAL EVENT PERMIT COORDINATOR
3022B FAYETTEVILLE STREET, DURHAM, NC 27707
(919) 560-4974, EXT 29277 OR SPECIALEVENTS@DURHAMNC.GOV

Date Application Submitted: _____

Event Date: _____

Street Closure Notification Form & Signature Sheets Submitted

Please review the City of Durham Special Event Guidelines before submitting your application. This form must be submitted at least **fifteen (15) business days** before the event, along with the **Street Closure Notification form** (found in Special Event Guidelines). Type or print all information.

CONTACT INFORMATION

Applicant Name: _____

Mailing Address: _____

Home Phone: _____ Fax: _____

Cell Phone Number (onsite during event hours): _____

Email Address: _____

Organization/Group Name: _____

STREET CLOSURE INFORMATION

Date of closure: _____ Day of the week: _____

Start and end times for the closure (include prep and breakdown time):

Select closure purpose:

Block Party Community Gathering Other (describe): _____

Please describe the street(s) or sidewalk(s) to be blocked OR attach a detailed map¹:

_____ between _____ and _____
(Street) (Street) (Street)

_____ between _____ and _____
(Street) (Street) (Street)

_____ between _____ and _____
(Street) (Street) (Street)

Will traffic control officers be needed? Yes No

¹ Note: Events that close more than two blocks of any street must use the Standard Special Event Permit Application.

ACTIVITY INFORMATION

Will activity/event be open to the public? Yes No

If no, who is participating? _____

Number of people expected to attend: _____

Is music involved? Yes No

If yes, select manner of sound amplification: Speakers or portable music player DJ

Professional sound system Other (describe): _____

Describe any props or structures to be used:

Provide a detailed listing of all planned activities (attach additional sheets if needed):

Is this a fundraising project? Yes No

Will you have a food truck on site? Yes No

CONDITIONS OF YOUR APPLICATION

Submitting this Street Closure Permit Application does not provide permission to conduct your planned event. **Please do not send out publicity, flyers, or other media prior to receiving confirmation of approval.** Your confirmation will be in the form of a PERMIT, issued to the organization and/or person responsible for conducting the event. Final approval of the permit will be authorized by the City Manager's designee, the Lieutenant of the Police Department's Central District.

Applicants agree to remove all props and items brought into the public areas and clean up all litter and debris that result from the event the same day as the event. Issuance of a permit does NOT grant applicants permission to tow vehicles from reserved or closed areas.

PLEASE SIGN AND DATE

1. I certify that all the information included in this application and in all supporting documentation is true and accurate to the best of my knowledge.
2. I have read, understood, and agree to the City of Durham Special Event Guidelines and any rules, regulations, and fees outlined in it.
3. By signing and submitting this application, I and/or the sponsoring organization(s) agree to abide by the law, rules, regulations, and deadlines of the City of Durham.

Applicant's Signature

Date