

## MATANUSKA-SUSITNA BOROUGH

# Planning and Land Use Department Development Services Division

350 East Dahlia Avenue • Palmer, AK 99645 Phone (907) 861-7822 • Fax (907) 861-7876 Email: permitcenter@matsugov.us

### SPECIAL EVENT PERMIT – MSB 8.55

Carefully read instructions and applicable borough code. Fill out forms completely. Attach information as needed. Incomplete applications will not be processed.

\*Application for a special event permit shall be submitted at least 90 days prior to the first day of advertising for the event and must be accompanied by a fee established by the assembly.

Application fee must be attach	ed: Ro	equired Attachmer	nts:
□ \$500 for 501 – 1000 Attendee	es $\square$	Site Plan	
□ \$1000 for 1000 + Attendees		Narrative (if applied	cable)
Subject Property: Township: MSB Tax ID#			, Meridian:
SUBDIVISION:			, LOT(S):
STREET ADDRESS:			
(US Survey, Aliquot Part, Lat. /Lon	ig. etc)		
Ownership: A written authorizate the owner is using one for the application.  Name of Property Owner	•	on attached?   Yes	-
Address:		Address:	
Phone: Hm Fax		Phone: Hm	Fax
Wk Cell		Wk	Cell
E-mail		E-mail	
Name of On-site Supervisor: _			
<b>Telephone #:</b> Before Event		During Event	
TYPE OF SPECIAL EVENT	(Check all that apply):		
☐ Theatrical Exhibit	☐ Music Festival	□ Ot	ther (describe)
☐ Public Showing/Display	☐ Motorized Even	t —	
☐ Entertainment/Amusement			

Revised 4/19/2016 Permit# \_\_\_\_\_ Page **1** of **6** 

SITE PLAN & NARRATIVE (8.55.060(A)(6))	Information
o Drawn to a scale of 1 inch equals 50 feet (or less).	on Site Plan
<ul> <li>Dimensions and locations of all existing and proposed development on</li> </ul>	and/or
the site in relationship to all property lines.	Described in
Include the following on your site plan or in you narrative:	Narrative?
Security and crowd control, including the operator's plans to limit the	
maximum number of people attending the event; plans for limiting	
attendance, including methods of entering the area, number, and location of	
ticket booths and entrances, and provisions for keeping non-ticket holders	
out of the area.	
Diagram of the signs to be used to direct traffic to and from the site	
Method of providing potable water, including the source, amount available,	
and location of water outlets/distribution points if applicable.	
Sanitation facilities, including the number of toilets to be provided, location,	
and type.	
Vehicle access and off-street parking, including size and location of parking	
spaces and parking space access aisles.	
Noise control, including types of sound controls and sound amplification, if	
any, listing the number, location, and size of power amplifiers and speakers	
to be used during the event, and a description of all necessary precautions to	
ensure that between the hours of midnight and 8 a.m. amplified sound will	
not carry across property lines beyond the authorized site.	
Public safety plan, including location of emergency ingress and egress for	
patrons and others including emergency personnel and vehicles, and a	
description of the operator's arrangements for communications between	
internal and external security personnel and patrons; a fire protection plan,	
approved by a representative of the borough public safety department	
showing the number, type, and location of all extinguishing devices, and the	
type and location of signs delineating the fire lanes and emergency exit	
routes.	
Solid waste disposal, including method of collecting and disposing of solid	
waste, in compliance with state and local laws, at a daily rate of at least one	
55 gallon container for each 50 persons in attendance or prorated fraction	
thereof.	
SPECIAL EVENT DESCRIPTION AND STANDARDS - (8.55.040)	
Description of Special Event:	
Will liquor be served? $\square$ No $\square$ Yes (is Yes, copy of ABC Permit must be provided)	

Has applicant or organization previously been issued an MSB Special Event Permit:	Event Start/End Date(s) & Time(s):
□ No □ Yes	
Maximum # of tickets to be	Maximum # of Attendees:
sold or distributed:	
SECURITY	
# of uniformed security personnel (minimum of 1 un	niformed personnel/each 150 attendees):
Name of security firm:	Telephone #:
Name of security firm.	reteptione #.
Describe uniform method of identification:	
Describe method to limit/monitor attendance (add	l additional pages if necessary):
Describe method to control ingress/egress (also do	epict on site plan):
EMERGENCY MEDICAL SERVICES	
# of uniformed medical personnel (minimum of motorized events):	1 EMT/each 1000 attendees. 2 additional EMT's for
•	
motorized events):	
motorized events):  Is this event more than 15 road miles from the cl	osest ambulance station?   No   Yes
motorized events):  Is this event more than 15 road miles from the cl Name of medical agency:	osest ambulance station?   No   Yes
motorized events):  Is this event more than 15 road miles from the cl	osest ambulance station?   No Yes  Telephone #:
motorized events):  Is this event more than 15 road miles from the cl Name of medical agency:  POTABLE WATER	osest ambulance station?   No Yes  Telephone #:
motorized events):  Is this event more than 15 road miles from the cl Name of medical agency:  POTABLE WATER  Amount of drinking water available to attendees	osest ambulance station?   No Yes  Telephone #:
motorized events):  Is this event more than 15 road miles from the cl Name of medical agency:  POTABLE WATER  Amount of drinking water available to attendees  Water Source (i.e. bottled water, on-site well):	osest ambulance station?   No Yes  Telephone #:  (minimum of 1 gallon/per person/per day):
motorized events):  Is this event more than 15 road miles from the cl Name of medical agency:  POTABLE WATER  Amount of drinking water available to attendees  Water Source (i.e. bottled water, on-site well):  SANITATION FACILITIES  # of toilets provided for event (minimum of 1 toilet/e) Name of company providing	osest ambulance station?  No Yes  Telephone #:  (minimum of 1 gallon/per person/per day):  ach 75 attendees):
motorized events):  Is this event more than 15 road miles from the cl Name of medical agency:  POTABLE WATER  Amount of drinking water available to attendees  Water Source (i.e. bottled water, on-site well):  SANITATION FACILITIES  # of toilets provided for event (minimum of 1 toilet/e	osest ambulance station?   No Yes  Telephone #:  (minimum of 1 gallon/per person/per day):
motorized events):  Is this event more than 15 road miles from the cl Name of medical agency:  POTABLE WATER  Amount of drinking water available to attendees  Water Source (i.e. bottled water, on-site well):  SANITATION FACILITIES  # of toilets provided for event (minimum of 1 toilet/e) Name of company providing	osest ambulance station?   Telephone #:  (minimum of 1 gallon/per person/per day):  ach 75 attendees):  Telephone #:
Is this event more than 15 road miles from the cl Name of medical agency:  POTABLE WATER  Amount of drinking water available to attendees  Water Source (i.e. bottled water, on-site well):  SANITATION FACILITIES  # of toilets provided for event (minimum of 1 toilet/e) Name of company providing sanitation facilities:	osest ambulance station?   Telephone #:  (minimum of 1 gallon/per person/per day):  ach 75 attendees):  Telephone #:

Revised 4/19/2016 Permit# \_\_\_\_\_ Page **3** of **6** 

# SOLID WASTE DISPOSAL # of metal trash containers provided for event (minimum of one 55gallon can/each 50 attendees): Name of Company providing solid waste disposal services: Telephone #: How often will trash containers be maintained/cleaned/serviced: **ON-SITE PARKING** Each space must be 10'X20' in size. # of parking spaces provided for event (minimum of 1 parking space/each 4 attendees): What are the dimensions of parking space access aisles?

INSURANCE AND SURETY BOND	
Certificate of insurance with Borough listed as a	additional insured must be provided no less than
14 working days prior to the event. Attached?	□ No □ Yes
Type of Insurance	Amount
General Liability - Bodily Injury/Prop Damage	\$1,000,000
Liquor Liability - If liquor is present at event	\$1,000,000
Bond or other form of surety must be provided no	o less than 14 <b>working</b> days prior to the event.
Attached? □ No □ Yes	
Number of Attendees	Bond Amount
501-1000	\$25,000
1001-2000	\$50,000
2001-3000	\$75,000
3001-4000	\$100,000
4001+	\$125.000

#### **COMMUNICATIONS**

Type of communication device to be used by site supervisor and security personnel (site supervisor must be on premises at all times and continuously available to law enforcement, fire, and emergency medical personnel):

If applicable, date equipment will be provided to state/local emergency personnel:

#### **PUBLIC SAFETY PLAN**

Attach you Public Safety Plan. It must include: location of emergency ingress and egress for
patrons and others including emergency personnel and vehicles, and a description of the
operator's arrangements for communications between internal and external security personnel
and patrons; a fire protection plan, approved by a representative of the borough public safety
department showing the number, type, and location of all extinguishing devices, and the type and
location of signs delineating the fire lanes and emergency exit routes.
Are public safety requirements delineated on you site plan? ☐ No ☐ Yes

Revised 4/19/2016	Permit#	Page 4 of 6
1 C V 1 S C G T/ 1 2/ 2/ O 1 O	1 CIIIIIII	1 420 7 01 (

QUIET HOURS		
Between the hours of midnight and 8 a.m. amplified sound shall not carry across property lines beyond		
the authorized site.		
Describe your method of complying with the qui	et hours requirements:	
ADDITIONAL REQUIREMENTS		
No less than 14 working days prior to the event the operator shall provide documentation of:	Off	icial Use Only
ADEC Temporary Food Service Permit	☐ Received By:	Date:
ABC Board Permit (if applicable)	☐ Received By:	Date:
List of Names/Addresses/phone #'s of all security personnel, with schedule	☐ Received By:	Date:
Copy of Notices mailed to required agencies	☐ Received By:	Date:
Certificate of Insurance	☐ Received By:	Date:
Bond or other form of Surety	☐ Received By:	Date:
OWNER'S STATEMENT: I am owner of the	following property:	
MSB Tax ID #(s) a Special Event Permit on the property as describ	an and a polication.	d, I hereby apply for approval of
I understand all activity must be conducted in co with all other applicable borough, state or federa		cable standards of MSB 8.55 and
I understand that other rules such as local, state restrictions may be applicable and other permits borough may also impose conditions and safeg welfare and ensure the compatibility of the use welfare.	s or authorization may luards designed to prote	be required. I understand that the
I understand that it is my responsibility to identify and comply with all applicable rules and conditions covenants, plat notes, and deed restrictions, including changes that may occur in such requirements.		
I understand that by making application for a special events permit from the Matanuska-Susitna Borough. I am required to acknowledge that state and local government officials are guaranteed free and open access to all areas of the site before, during, and after the event for the purpose of inspection to ensure compliance with the requirements of this ordinance.		
The information submitted in this application is a	accurate and complete to	the best of my knowledge.
Signature: Property Owner	Printed Name	Date
Signature: Agent	Printed Name	Date

Revised 4/19/2016

Permit# \_\_\_\_\_ Page **5** of **6** 



# MATANUSKA-SUSITNA BOROUGH

# **Planning and Land Use Department Development Services Division**

350 East Dahlia Avenue • Palmer, AK 99645 Phone (907) 861-7822 • Fax (907) 861-7876 Email: permitcenter@matsugov.us

#### SECURITY PERSONNEL INFORMATION

SECURITITERSONNEL INFORMATION	
Name:	Address:
Telephone #:	Scheduled Shift:
Name:	Address:
Telephone #:	Scheduled Shift:
Name:	Address:
Telephone #:	Scheduled Shift:
Name:	Address:
Telephone #:	Scheduled Shift:
Name:	Address:
Telephone #:	Scheduled Shift:
Name:	Address:
Telephone #:	Scheduled Shift:
Name:	Address:
Telephone #:	Scheduled Shift:
Name:	Address:
Telephone #:	Scheduled Shift:
Attach additional sheets if necessary.	<u> </u>

Permit# \_\_\_\_\_ Revised 4/19/2016 Page **6** of **6**