



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.

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: Any Changes From Previous Year:

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:

Section III. Traffic & Safety

- 1. SHA Application Filed:
2. Requesting Police Assistance:
3. Adequate Parking:

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

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

Section IV. Amenities

1. Food Services: Yes No If yes, type: _____

2. Liquor License: Yes No If yes, type: _____

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

3. Gambling Devices: Yes No If yes, type: _____

4. Sanitary Facilities: Yes No Provided by: _____

Type: _____ No of Units: _____

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

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

7. Temporary Structures: Yes No If yes, type: _____

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

Section V. Use of Public Roadway

1. Start Area: _____

2. End Area: _____

3. No of Vehicles: _____

4. No of Pedestrians: _____

Reviewing Stand: Yes No If yes, location: _____

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: _____