



# City of West Haven

## Building Department

355 Main St. West Haven CT 06516 203-937-3590

Permit Application for:

# Special Events

The undersigned owner or authorized agent applies for a permit for the special event as noted below in accordance with the laws and ordinances of the City of West Haven, State of CT, and the CT State Building and Fire Codes.

### Owners and Agents

Property Owner \_\_\_\_\_ Address \_\_\_\_\_

Tenant/Lessee \_\_\_\_\_ Address \_\_\_\_\_

### PERMITTEE

(Event organizer, sponsor, person responsible for supervision of event, coordination of permits, inspections, and compliance with all laws, codes, and ordinances)

Organization \_\_\_\_\_ Contact Person \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Indicate type of event:

- Private Party
- Concert
- Exhibition/show
- Charity Event
- Amplified Music
- Walk/Bike-athon
- Public Carnival
- Public Fair
- Pyrotechnics
- Live Animals

#### Indicate facilities provided:

- Tents
- Amusement Rides
- Stage
- Food for Public
- Gambling
- Cooking
- Seating Structure
- Public Fair
- Vendors
- Games of Chance

#### Indicate utilities provided:

- Temp Service
- Lighting
- Stage Lighting
- Outlets
- Generator
- Gas/Propane
- Heating Equipment
- Cooking Equipment
- Portable Toilets
- Hand wash sinks

### PROPERTY LOCATION

Address \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

### EVENT INFORMATION

Set up date: \_\_\_\_\_ Removal date: \_\_\_\_\_ Event dates: \_\_\_\_\_ Event hours: \_\_\_\_\_

Inspection date and time: \_\_\_\_\_ Cell phone number for inspection: \_\_\_\_\_

### TENT VENDOR

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

HIC REGISTRATION # \_\_\_\_\_ OCCUPANT LOAD: \_\_\_\_\_

1. Attach plot plan showing tent layout, dimensions, contents, egress path, method of anchorage, location of toilet facilities, gas tanks, cooking facilities, and electric facilities.
2. Tents to be properly anchored for local wind conditions. See tent manufacturer's instructions or refer to IFAI Handbook online at [http://armbrustertentmaker.com/downloads/ifai\\_handbook.pdf](http://armbrustertentmaker.com/downloads/ifai_handbook.pdf)
3. **NFPA 701 COMPLIANT TENTS WITH APPROPRIATE LABELING ARE REQUIRED.** Attach manufacturer's certificate to this application, and provide tents with properly affixed labels at time of inspection.
4. Emergency (battery) lighting? \_\_\_\_\_ Exit signs or battery lights? \_\_\_\_\_?
5. Describe flooring material and any combustible items in tent: \_\_\_\_\_
6. Will there be any motor vehicles or gasoline under the tent? \_\_\_\_\_



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#### PUBLIC SAFETY

Anticipated # of attendees: \_\_\_\_\_ Anticipated age group: \_\_\_\_\_ Will Alcohol be served? : \_\_\_\_\_  
Describe security arrangements, fencing, security staff, etc: \_\_\_\_\_

Anticipated vehicle count: \_\_\_\_\_ Describe parking and traffic control arrangements, location of parking lots, shuttle busses, pedestrian access, etc. \_\_\_\_\_

#### FOOD SERVICE OPERATOR (See Health Dept for additional requirements and forms)

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Certified Food Handler Name: \_\_\_\_\_ (Attach Food Handler Certificate)

Method of food storage: \_\_\_\_\_

Method of on-site cooking: \_\_\_\_\_

Describe hand washing facilities: \_\_\_\_\_

Describe fire suppression and ventilation : \_\_\_\_\_

Location of off site food preparation or source of prepared foods: \_\_\_\_\_

#### PROPANE GAS VENDOR

Company: \_\_\_\_\_ Licensee: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

License Type: \_\_\_\_\_ Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ (Attach copy of license and permission letter)

Tank sizes: \_\_\_\_\_ Describe piping and hoses: \_\_\_\_\_

(TANKS TO BE PROPERLY DATED, PIPED WITH APPROVED MATERIALS, LOCATED 10' FROM IGNITION SOURCES, AND 10' FROM ANY STRUCTURE **INCLUDING TENT**. Tanks to be ANCHORED WITH NON-COMBUSTIBLE METHODS)

#### ELECTRICIAN

Company: \_\_\_\_\_ Licensee: \_\_\_\_\_

Address: \_\_\_\_\_ PHONE: \_\_\_\_\_

License Type: \_\_\_\_\_ Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ (Attach copy of license and permission letter)

Describe wiring methods, service type, power source, cables, and loads: \_\_\_\_\_

Describe overhead stage lighting and rigging: \_\_\_\_\_

#### AMUSEMENT RIDE VENDOR

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List Rides: \_\_\_\_\_



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### PARKS AND RECREATION Request for use of City Property or Public Way

Name of venue: \_\_\_\_\_

Address of venue: \_\_\_\_\_

Describe activities in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### INSURANCE REQUIREMENTS

For use of City Property or Public Way:

Event Permittee shall provide the City of West Haven with a certificate of insurance indicating liability coverage appropriate for the level of risk. See "City of West Haven Insurance Requirements" addendum attached for instructions and sample certificates. Said certificate shall be approved by the City Risk Management Officer.

For service of alcohol on City Property or Public Way: Evidence of Host Liquor Liability Insurance.

For building and licensed trade permits: Proof of workers compensation insurance for the contractors obtaining building or trade permits.

For Pyrotechnics: See City Of West Haven Risk Management Officer in advance of event.

### APPROVALS

Parks and Recreation: \_\_\_\_\_ Date \_\_\_\_\_

Police Department: \_\_\_\_\_ Date \_\_\_\_\_

Fire Marshal: \_\_\_\_\_ Date \_\_\_\_\_

Health Department: \_\_\_\_\_ Date \_\_\_\_\_

Board of Education: \_\_\_\_\_ Date \_\_\_\_\_

Planning and Zoning: \_\_\_\_\_ Date \_\_\_\_\_

City Risk Manager \_\_\_\_\_ Date \_\_\_\_\_

Other: \_\_\_\_\_ Date \_\_\_\_\_

#### Building Department:

Event/ Building Permit # \_\_\_\_\_ Date \_\_\_\_\_

Electrical Permit # \_\_\_\_\_ Date \_\_\_\_\_

Gas or Heating Permit # \_\_\_\_\_ Date \_\_\_\_\_

Other: \_\_\_\_\_ Date \_\_\_\_\_

Fees Paid \_\_\_\_\_

**City of West Haven**  
**Insurance Requirements – Special Events & Activities (Low Risk)**  
**When Event is taking place on City property**

Typical low risk activities could include the Art Show, Antique Show, Craft Show, Sports Tournaments, such as Softball, Baseball, Soccer and Lacrosse, Road Races, Walk-a-thons and Outdoor Concerts.

The Sponsoring Organization and/or the outside vendor hired by the Sponsoring Organization to present shows, performances or activities that present a low exposure (the extent of risk to determine in the sole opinion of the City) shall provide the following insurance coverages. The insurance must be placed through companies approved in the State of Connecticut and with a minimum Best's Financial Rating of A-.

Comprehensive General Liability including Premises & Operations, Products and Completed Operations, Personal Injury, Contractual Liability and Independent Contractors. Minimum Limits for Bodily Injury and Property Damage are as follows:

\$1,000,000 Per Occurrence  
\$2,000,000 Annual Aggregate

When applicable, Workers Compensation covering all employees for Statutory benefits as required by the State of Connecticut and Employers Liability coverage, with minimum limits as follows:

\$100,000 Each Accident  
\$500,000 Disease – Policy Limit  
\$100,000 Disease – Each Employee

**Requirements or Policy Language for all Areas**

Application for Public Use of Grounds including a Hold Harmless Agreement signed by an authorized representative of the Sponsoring Organization.

A Certificate of Insurance must be presented to the City of West Haven as Certificate Holder. The Certificate shall be sent to attention of Robert Sandella.

The Sponsoring Organization must complete and sign the customary Application for Use of Public Grounds, along with the standard Hold Harmless agreement contained therein.

All required Insurance coverage is subject to the review and approval of the City, following recommendations of the City's Insurance Agent of Record. The insurance must be placed through companies approved in the State of Connecticut. In addition, all Insurers are subject to the approval by the City of West Haven.

All required insurance must contain a Waiver of Subrogation in favor of the City. Except for Workers Compensation, all required insurance policies above must be endorsed to include an Additional Insured naming the City of West Haven, its employees and agents on a primary and non-contributory basis.

A Certificate of Insurance must be delivered to the City prior to the commencement of any activities. This Certificate must indicate the inclusion of a Waiver of Subrogation, the additional of the Additional Insures on a primary and non-contributory basis.

**City of West Haven**  
**Insurance Requirements – Special Events & Activities (High Risk)**  
**When event is taking place on City Property**

The Sponsoring Organization and/or the outside vendor hired by the Sponsoring Organization to present shows, performances or activities that present a high or unusual risk of accident or loss (the extent of risk to determine in the sole opinion of the City) shall provide the following insurance coverages. The insurance must be placed through companies approved in the State of Connecticut and with a minimum Best's Financial Rating of A-.

**Required total liability coverage will be in two parts**

Carnival Area General Liability limits covering all mechanical rides and other amusements should be total \$5,000,000 per occurrence and \$6,000,000 annual aggregate. The carnival area may be any combination of primary and excess umbrella levels.

The General Liability limits for any Non Carnival Area, not including mechanical rides or other amusements should total \$1,000,000 per occurrence, \$2,000,000 Annual Aggregate.

**Insurance for Carnival Area**

Item 1: When applicable, Workers Compensation covering all employees for Statutory benefits as required by the State of Connecticut and Employers Liability coverage, with minimum limits as follows:

\$100,000 Each Accident  
\$500,000 Disease – Policy Limit  
\$100,000 Disease – Each Employee

Item 2: Comprehensive General Liability including Premises & Operations, Products & Completed Operations, Personal Injury, Contractual Liability and Independent Contractors. Minimum Limits for Bodily Injury and Property Damage are as follows:

\$1,000,000 Per Occurrence  
\$2,000,000 Annual Aggregate

Item 3: Umbrella Liability covering over and above the required primary Liability limits as shown above. The Umbrella Liability coverage shall not be more restrictive than the underlying insurance policy coverage. Minimum Umbrella Liability limits are as follows:

\$4,000,000 Per Occurrence  
\$4,000,000 Annual Aggregate

Item 4: Automobile Liability to include Bodily Injury and Property Damage arising out of the operation, maintenance or use of any auto, including all owned, hired and non-owned automobiles. Minimum Auto Liability limits are as follows:

\$1,000,000 Per Accident

## **Insurance for Non-Carnival Area**

### **Same insurance as required above, except Item 2 revised below and Item 3 and Item 4 deleted entirely**

Comprehensive General Liability including Premises & Operations, Products and Completed Operations, Personal Injury, Contractual Liability and Independent Contractors. Minimum Limits for Bodily Injury and Property Damage are as follows:

\$1,000,000 Per Occurrence  
\$2,000,000 Annual Aggregate

### **Requirements or Policy Language for all Areas**

Application for Public Use of Grounds including a Hold Harmless Agreement signed by an authorized representative of the Sponsoring Organization.

Safety Inspection – Fire Marshall – as required by the State of Connecticut.

Special Permit – Community Development / Town Planning & Zoning (if required).

The Sponsoring Organization must complete and sign the customary Application for Use of Public Grounds, along with the standard Hold Harmless agreement contained therein.

All required Insurance coverage is subject to the review and approval of the City, following recommendations of the City's Insurance Agent of Record. The insurance must be placed through companies approved in the State of Connecticut. In addition, all Insurers are subject to the approval by the City of West Haven.

All required insurance must contain a Waiver of Subrogation in favor of the City. Except for Workers Compensation, all required insurance policies above must be endorsed to include an Additional Insured naming the City of West Haven, its employees and agents on a primary and non-contributory basis.

A Certificate of Insurance must be delivered to the City prior to the commencement of any activities. This Certificate must indicate the inclusion of a Waiver of Subrogation, the addition of the Additional Insured on a primary and non-contributory basis.