

RINDGE EMERGENCY MANAGEMENT

30 Payson Hill Road, Rindge, NH 03461

Tel. 603 899 3324 Fax 603 899 6384

rfdchief@rindgenh.gov

SPECIAL EVENTS PERMIT APPLICATION



Please submit the completed application to:

Rindge Building Department

30 Payson Hill Road

Rindge, NH 03461

SPECIAL EVENTS PERMIT APPLICATION

This application along with the required documents and plans shall be filled out in its entirety and submitted to the Rindge Building Department for review and approval a minimum of **Thirty (30)** days prior to the event.

Examples of Events that Require a Special Events Permit:

- Concerts and Live Entertainment
- Conventions
- Fairs
- Festivals
- Fireworks Displays
- Graduations/Commencements
- Holiday Celebrations
- Marathons
- Parades
- Racing/Motorsports
- Car/Motorcycle Shows
- Sporting Events
- VIP Visits
- Events that require a Temporary Canopy or Tent over 200 Square Feet (Inspection Required for all Commercial Establishments)
- Events that alter or interrupt the flow of traffic
- Any other significant event in the community



RINDGE EMERGENCY MANAGEMENT

30 Payson Hill Road, Rindge, NH 03461

Tel. 603 899 3324 Fax 603 899 6384

rfdchief@rindgenh.gov

SPECIAL EVENTS PERMIT APPLICATION

Date of Application: _____ Date of Event: _____ Rain Date: _____

Time of Event: _____ Set Up Time: _____ Clean Up Time: _____

Title of Event: _____

Event Location: _____

Type of Activity: _____ Estimated Number of Attendees: _____

Event Sponsored By: _____

Organizers/Contacts:

Name: _____ Phone #1: _____

Email: _____ Phone #2: _____

Mailing Address: _____

City, State, Zip Code: _____

Name: _____ Phone #1: _____

Email: _____ Phone #2: _____

Mailing Address: _____

City, State, Zip Code: _____

Number of tents or temporary membrane structures exceeding 200 square feet: _____

Number of canopies exceeding 400 square feet: _____

NOTE: Tents and Canopies 200 sq. ft. and greater require an accessory permit and inspection from the Fire/Building Department and must attach a copy of the Certificate of Flame Resistance, Site Plan, and Floor Plan. (Not required for private property of a 1- or 2-family dwelling, effective 1/1/2019)

DESCRIPTION OF EVENT

Does this event require road closures or altered traffic pattern?

Yes

☐

No

☐

Description of road closure/altered traffic pattern: _____

Traffic Control Devices: # Barricades: _____ # Traffic Cones: _____ # No Parking Signs: _____

I have received and read a copy of the Rindge Fire Department Requirements for Special Events document and understand I am responsible for compliance with the Rindge Fire Department Requirements.

Signature

Date

BOARD OF SELECTMEN APPROVAL

Chair of the Board: _____ Date: _____

Selectboard Member: _____ Date: _____

Selectboard Member: _____ Date: _____

RINDGE EMERGENCY MANAGEMENT OFFICIAL USE ONLY

Fire Department Permit/Approval Required: _____ Police Department Permit/Approval Required: _____

DPW Permit/Approval Required: _____ Trash Removal: _____ Other: _____

Crowd Control Personnel Required by Event Holder: _____ # Personnel: _____

EMD Approval: _____ Date: _____



RINDGE FIRE DEPARTMENT
150 Main Street, Rindge, NH 03461
Tel. 603 899 3324 ext. 11 Fax 603 899 6384
rfdchief@rindgenh.gov

SPECIAL EVENTS PERMIT APPLICATION

Date of Application: _____ Date of Event: _____ Rain Date: _____

Time of Event: _____ Set Up Time: _____ Clean Up Time: _____

Title of Event: _____

Event Location: _____

Type of Activity: _____ Estimated Number of Attendees: _____

Event Sponsored By: _____

Organizers/Contacts:

Name: _____ Phone #1: _____

Email: _____ Phone #2: _____

Mailing Address: _____

City, State, Zip Code: _____

Name: _____ Phone #1: _____

Email: _____ Phone #2: _____

Mailing Address: _____

City, State, Zip Code: _____

RINDGE FIRE DEPARTMENT OFFICIAL USE ONLY

Fire Apparatus: _____ # Fire Personnel: _____ # Fire Extinguishers: _____

EMS Apparatus: _____ # EMS Personnel: _____ Ambulance Standby: _____

Incident Commander Required: _____ Mutual Aid Cover Required: _____

Fire Chief Approval: _____ Date: _____



RINDGE POLICE DEPARTMENT

158 Main Street, Rindge, NH 03461

P.O. Box 7, Rindge, NH 03461

Tel. 603 899 5009 Fax 603 899 2103

SPECIAL EVENTS PERMIT APPLICATION

Date of Application: _____ Date of Event: _____ Rain Date: _____

Time of Event: _____ Set Up Time: _____ Clean Up Time: _____

Title of Event: _____

Event Location: _____

Type of Activity: _____ Estimated Number of Attendees: _____

Request for Security: _____ and/or Traffic Control: _____

Event Sponsored By: _____

Organizers/Contacts:

Name: _____ Phone #1: _____

Email: _____ Phone #2: _____

Mailing Address: _____

City, State, Zip Code: _____

Name: _____ Phone #1: _____

Email: _____ Phone #2: _____

Mailing Address: _____

City, State, Zip Code: _____

Applicant Signature: _____ Date: _____

RINDGE POLICE DEPARTMENT OFFICIAL USE ONLY

Law Enforcement Officers: _____ # of Cruisers: _____ # Mutual Aid Officers: _____

Mutual Aid Cruisers: _____ Type of Service Required: Security: ☐ Traffic: ☐

Officer Start Time: _____ Officer End Time: _____

Authorized by (Name/Rank): _____

Authorized Signature: _____ Date: _____



RINDGE HIGHWAY DEPARTMENT

30 Payson Hill Road, Rindge, NH 03461

Tel. 603 899 2105 Fax 603 899 2101

rindgepw@rindgenh.gov

SPECIAL EVENTS PERMIT APPLICATION

Date of Application: _____ Date of Event: _____ Rain Date: _____

Time of Event: _____ Set Up Time: _____ Clean Up Time: _____

Title of Event: _____

Event Location: _____

Type of Activity: _____ Estimated Number of Attendees: _____

Request for Trash Removal: _____ and/or Traffic Control Devices: _____

Event Sponsored By: _____

Organizers/Contacts:

Name: _____ Phone #1: _____

Email: _____ Phone #2: _____

Mailing Address: _____

City, State, Zip Code: _____

Name: _____ Phone #1: _____

Email: _____ Phone #2: _____

Mailing Address: _____

City, State, Zip Code: _____

Applicant Signature: _____ Date: _____

RINDGE HIGHWAY DEPARTMENT OFFICIAL USE ONLY

Type of Service Required: _____ Trash Removal: ☐ Power Turned On: ☐

Other Service Requested: _____

Authorized by: _____

Authorized Signature: _____ Date: _____



RINDGE BUILDING DEPARTMENT

30 Payson Hill Road, Rindge, NH 03461

Tel. 603 899 5181 ext. 109 Fax 603 899 2101

buildingdept@rindgenh.gov

SPECIAL EVENTS ACCESSORY PERMIT APPLICATION

Temporary Structures, Tents, Canopies (Over 200 Sq. Ft.)

Date of Application: _____ Date of Event: _____ Rain Date: _____

Time of Event: _____ Set Up Time: _____ Clean Up Time: _____

Title of Event: _____

Event Location: _____

Property Use: Residential: ☐ Commercial: ☐ Town Property: ☐

Town Common/Gazebo: ☐ Church Lawn: ☐ West Rindge Common: ☐

Owner: _____ Phone #1: _____

Email: _____ Phone #2: _____

Mailing Address: _____

Provider of Structure and Structure Information

Company: _____

Contact Name: _____ Phone #1: _____

Email: _____

Address: _____

Proposed Construction: Temporary Structure: ☐ Tent: ☐ Canopy: ☐

Other: _____

Structures: _____ Size of Structures: _____

Tents: _____ Size of Tent: _____

Canopies: _____ Size of Canopy: _____

Manufacturer of Structure: _____

Description of Structure: _____

Heating Equipment Provided: _____ Anchoring Diagram Attached: _____

Attach Certificate of Flame-Proofing: _____ Attach Emergency Action Plan: _____

Requirements for Permit Applications:

1. All information must be printed legibly.
2. Owner name, address, and phone number.
3. Location and address of work site.
4. Complete description of work to be done.
5. Agent Letter of Authorization
6. Plans must be submitted for all new buildings and major renovations.

Certificate of Accuracy: As the owner/owners agent of record, I certify that all information contained within this application is true and accurate to the best of my knowledge and belief.

Certificate of Compliance: I hereby certify that I am familiar with all pertinent codes relating to the above-specified work and that all work shall be performed in compliance with these codes, and that I am familiar with the Town of Rindge Ordinance, Article III, and all Dimensional Regulations.

Inspections: This signed application constitutes consent on the applicant's part to allow for inspections at the property by the Building Inspector, Fire Inspector, and any other required Town Staff. It is the responsibility of the contractor to obtain all required inspections. Twenty-four (24) hours' notice is required for any inspection.

Required Inspections: (Minimum of Twenty-Four (24) hours' notice)

- Tent/Canopy Tie Downs
- Exit Signs and Emergency Lighting
- Table and Chair Spacing
- Electrical and Heating Installations
- Occupancy Loads

Certificate of Occupancy (C/O): A C/O must be issued PRIOR to any occupancy of structures

It is the responsibility of all contractors, electricians, plumbers, etc. to obtain the necessary permits from the Rindge Building Department Office at Rindge Town Office before ANY work has begun. Work must begin within six (6) months of the issuance of any permit.

Rindge Building Department Approval certifies that the Applicant may proceed with their project in accordance with specifications submitted. Any deviation from the specifications submitted will require an amendment to this permit or additional permits.

If you have any questions, feel free to contact the Building Department Office at 603-899-5181 ext. 109.

***** When Applicable - Plans must be submitted to the Rindge Building Department for Approval *****

Applicant Signature

Date

***** DO NOT WRITE IN THIS SPACE *****

Square Footage (All areas apply): _____

Permit Fee: _____

Paid: Cash: ☐ Check#: _____

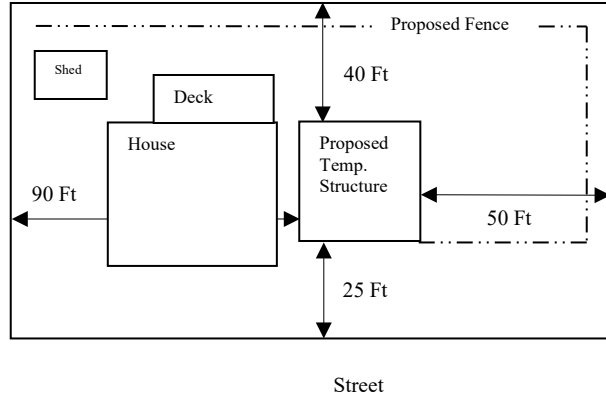
Building Inspector Approval: _____ Date: _____

Special Events Plot Plan

Instructions:

- 1) Show the property lines and road(s).
- 2) Show the proposed structure and all existing structures.
- 3) Show the measurements from the proposed and existing structures.
- 4) Show measurements between structures.
- 5) Include the tie-downs of the proposed structure
- 6) Show the location of electrical panels if used within the structure

Sample Plan:



Signature _____

Date _____



RINDGE BUILDING DEPARTMENT

30 Payson Hill Road, Rindge, NH 03461
Tel. 603 899 5181 ext. 109 Fax 603 899 2101
buildingdept@rindgenh.gov

SPECIAL EVENTS ELECTRICAL PERMIT APPLICATION

Date of Application: _____ Date of Event: _____ Rain Date: _____

Time of Event: _____ Set Up Time: _____ Clean Up Time: _____

Title of Event: _____

Event Location: _____

Property Use: Residential: ☐ Commercial: ☐ Town Property: ☐

Owner: _____ Phone #1: _____

Email: _____ Phone #2: _____

Mailing Address: _____

Power Turned On Only - STOP here if you only need power turned on at the Following Locations:

Town Common/Gazebo: ☐ Church Lawn: ☐ West Rindge Common: ☐

Electrician Information

Electrician: _____

License #: _____ Exp. Date: _____ Phone #1: _____

Company: _____

Email: _____

Address: _____

Electrical Information

Service Size: _____ # of Sub Panels: _____ Sub Panel Amps: _____

Is a Temporary Service Required: Yes: ☐ No: ☐

Receptacles: _____ # Light Fixtures: _____ # EBU's: _____ # Exit Signs: _____

Generator Size (if applicable): _____ Estimated # of Extension Cords: _____

Electrician Signature: _____ Date: _____

Applicants must be a licensed NH Master Electrician.

Plans must be submitted showing all electrical installations.



SPECIAL EVENTS INSPECTION CHECKLIST

Date: _____ Time of Inspection: _____ Estimated # of Attendees: _____

Title of Event: _____

Event Location: _____

Type of Structure: _____

Event Manager(s): _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

Radio Frequency: _____

Special Notes: _____

Special Events Permit Approved: ☐ Comments: _____

Structure Installed in Accordance with Submitted Plans: ☐

Structure Anchoring in Accordance with Submitted Plans: ☐

Flame Proofing Certificate Submitted: ☐

General Lighting and Receptacles Installed in Accordance with NFPA 70: ☐

Occupant Load Posted: Standing: _____ Sitting: _____ Tables & Chairs: _____

Appropriate Spacing of Chairs: ☐ Aisles Wide Enough, Clear, and Not Blocked: ☐

Row of Chairs Tied Together: ☐ Comment: _____

Number of Exits: _____ Exit Signs Installed: ☐ Exit Signs Illuminated: ☐

Emergency Lighting Installed (EBU): ☐ # of EBU's: _____ EBU Operational: ☐

Path of Egress Clear: ☐ Path of Egress Illuminated: ☐ Doors Clear and Unlocked: ☐

Doors Operational: ☐ Doors Open Out: ☐ No Obstructions Outside Door: ☐

Fire Extinguishers in Place: ☐ Fire Extinguishers Inspection in Date: ☐

Fire Alarm, PA System, and Sprinklers in Service: ☐

Comments: _____



SPECIAL EVENTS INSPECTION CHECKLIST



FA Panel Accessible (Keys MUST be Available): ☐

Crowd Manager(s) in Place: ☐ # Crowd Manager(s) (1 per 250 Attendees): _____

Crowd Manager(s) Trained and Updated on Emergency Action and Response Plan: ☐

Emergency Action and Response Plan On Site: ☐

Assembly Permit Approved: ☐ Assembly Permit Posted: ☐

Inspector Signature

Date