



**Town of East Windsor  
Planning & Development  
ZONING PERMIT APPLICATION - TEMPORARY EVENT**  
11 RYE STREET, BROAD BROOK, CT 06016 (860) 623-6030

\*For events taking place **LESS THAN 30 DAYS** from now, applicant must obtain the signature of authority from all Departments and return completed application to the Planning Department for approval\* **NCDHD requires no less than 2 weeks notice**

\*\*Events involving **ALCOHOLIC BEVARAGES** that are non-profit or non-commercial must obtain a **ZONING PERMIT** from the Planning & Zoning Commission. Commission meetings are every 2<sup>nd</sup> & 4<sup>th</sup> Tuesday of each month. A Zoning Permit may take 4-6 weeks to obtain\*\* **See section 805(f) of the East Windsor Zoning Regulations.**

\*\*\* Events taking place on **TOWN PROPERTY** need to contact the **EAST WINDSOR PARKS & RECREATION DEPARTMENT** at (860) 627-6662.

\*\*\*\*Events such as parades, road races, (**street-related**), should directly contact the **East Windsor Police Department** for a permit at (860) 292-8240. Events that include **gambling** must contact the EWPD FIRST.

**Complete all of the following information about the subject property:** (This information can be obtained from your Property Card, available in the Assessor's Office or online [www.eastwindsor-ct.gov](http://www.eastwindsor-ct.gov) > Departments > Assessor's Department)

⇒ Property Address: (street/number) \_\_\_\_\_  
⇒ Assessor's Map No. \_\_\_\_\_ ⇒ Block No. \_\_\_\_\_ ⇒ Lot No. \_\_\_\_\_  
⇒ Zone District: \_\_\_\_\_ ⇒ Parcel Area (acres) \_\_\_\_\_ ⇒ Parcel Frontage \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Webpage:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_ **Fax ( )** \_\_\_\_\_

**Address:**  
(mailing/zip code) \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Manager ON SITE during event:** \_\_\_\_\_ **CELL: ( )** \_\_\_\_\_

**Property Owner: (if not applicant)** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_ **Fax ( )** \_\_\_\_\_

**Address:**  
(mailing/zip code) \_\_\_\_\_

**E-mail** \_\_\_\_\_

## EVENT INFORMATION

Date of Event: \_\_\_\_\_ Hours (incl. set-up/take-down): \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

Type: ☐ Non-profit ☐ Private

Category: ☐ Rally ☐ Ceremony ☐ Sporting Event ☐ Fair/Carnival ☐ Concert ☐ Picnic  
☐ Party ☐ Other (please specify) \_\_\_\_\_

**Please complete the following questions. Individual Departments may have additional questions.**  
**Signature of approval is required from each Department\*** YOU MUST ANSWER ALL QUESTIONS FOR APPLICATION TO BE COMPLETE

### TOWN OF EAST WINDSOR POLICE DEPARTMENT

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will this event generate any pedestrian traffic?
<input type="checkbox"/>	<input type="checkbox"/>	Will this event need additional on-site parking?
<input type="checkbox"/>	<input type="checkbox"/>	Will this event require any road closures or detours?
<input type="checkbox"/>	<input type="checkbox"/>	Will this event be serving alcohol?**
<input type="checkbox"/>	<input type="checkbox"/>	Will this event require fencing/barrier/barricade?
<input type="checkbox"/>	<input type="checkbox"/>	Will this event require security?
<input type="checkbox"/>	<input type="checkbox"/>	Will this event provide entertainment?
<input type="checkbox"/>	<input type="checkbox"/>	Will this event involve any type of gambling (including raffles)?

Department Signature & Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

### TOWN OF EAST WINDSOR BUILDING DEPARTMENT

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will this event require canopy/ties/tent?
<input type="checkbox"/>	<input type="checkbox"/>	Will this event require scaffolding/bleachers/platforms/grandstands/stages, or related structures? If so, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Will this event have inflatable devices and/or amusement rides? If so, please provide Name and Contact info for the company providing it: _____
<input type="checkbox"/>	<input type="checkbox"/>	Will power be provided in temporary structures (for cooking, lighting...etc.?)

Department Signature & Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**NORTH CENTRAL DISTRICT HEALTH DEPARTMENT** Please note there is an additional permit required from the NCDHD. Contact (860) 745-0383 or go to [www.ncdhd.org](http://www.ncdhd.org) for more information. **NCDHD has a 14-day deadline for filing temporary event applications**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will this event provide food concession and/or on-site food preparation? Please provide heating source: <input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> charcoal <input type="checkbox"/> other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Will this event require trash containers and/or dumpsters?
<input type="checkbox"/>	<input type="checkbox"/>	Will this event require portable toilets? If so, please provide Name and contact info for the company providing it: _____
<input type="checkbox"/>	<input type="checkbox"/>	Will a power source be available to the vendors? _____
<input type="checkbox"/>	<input type="checkbox"/>	Is there a water supply available to the vendors? If so, is it public water or private well? _____

**Department Signature & Date:** \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**FINAL REVIEW -TOWN OF EAST WINDSOR FIRE MARSHAL**

***ALL*** preceding questions must be answered for Fire Marshal review, ***in addition to...***

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does this event require first aid facilities and/or an ambulance?
<input type="checkbox"/>	<input type="checkbox"/>	Will there be booths/exhibits/displays/enclosures?
<input type="checkbox"/>	<input type="checkbox"/>	Will this event have any open flames? (including cooking or grilling?)

**Department Signature & Date:** \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

Attach a copy of a map, drawn to scale, of the parcel of land in question, indicating the area where the event will take place. Include any parking areas, pedestrian travel areas, and portable toilets.

**Owner Signature:** (if not applicant) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** **X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application received at the East Windsor Planning Department on: **DATE:** \_\_\_\_\_

Fee Paid: \$\_\_\_\_\_ Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

**Signature of Zoning Enforcement Official:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_