



# NORTH ADA COUNTY

## FIRE & RESCUE DISTRICT

5800 GLENWOOD • GARDEN CITY • IDAHO • 83714 PH: (208) 375-0906 FAX: (208) 375-0966

### EVENT APPLICATION

NAME OF EVENT: \_\_\_\_\_

EVENT DATE(S): \_\_\_\_\_ HOURS OF EVENT: \_\_\_\_\_

#### SITE INFORMATION

SUBDIVISION NAME: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

EXISTING ZONING: \_\_\_\_\_ ESTIMATED ATTENDANCE: \_\_\_\_\_

Residential/Commercial

**SUBMITTAL REQUIREMENTS:** Please make sure all of the items listed below are included in your submittal packet

√	
<input type="checkbox"/>	<b>Event Application</b> --Completed and signed
<input type="checkbox"/>	<b>Scaled Site Plan</b> showing event location, parking area & sanitary facilities
<input type="checkbox"/>	<b>Letter of Intent</b> fully describing the following:
	Explain the Community Event
	Special Security Measures
	Description of Traffic and Parking Management Plan
	Number of Sanitary Facilities

#### CONTACT INFORMATION

APPLICANT/AGENT: (Please Print)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDITIONAL CONTACT if applicable (Please Print)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OWNER(S) OF RECORD: (Please Print)	
NAME: _____	
ADDRESS: _____	
CITY: _____	STATE/ZIP: _____
PHONE: _____	FAX: _____
EMAIL: _____	
I consent to this application, I certify this information is correct, and allow NACFR staff to enter the property for related site inspections. I agree to indemnify, defend and hold North Ada County Fire & Rescue District and its employees harmless from any claim or liability resulting from any dispute as to the statements contained in this application or as to the ownership fo the property, which is the subject of the application.	
Signature: All Owner(s) of Record	Date

OWNER(S) OF RECORD: (Please Print)	
NAME: _____	
ADDRESS: _____	
CITY: _____	STATE/ZIP: _____
PHONE: _____	FAX: _____
EMAIL: _____	
I consent to this application, I certify this information is correct, and allow NACFR staff to enter the property for related site inspections. I agree to indemnify, defend and hold North Ada County Fire & Rescue District and its employees harmless from any claim or liability resulting from any dispute as to the statements contained in this application or as to the ownership fo the property, which is the subject of the application.	
Signature: All Owner(s) of Record	Date

All Owners of Record (on the current deed) Must Sign