

**CITY OF LAWRENCE  
DEPT. OF PUBLIC WORKS**

**APPLICATION FOR SPECIAL EVENT**

1. **MUST BE SUBMITTED AT LEAST 90 DAYS IN ADVANCE OF EVENT.**
2. **MUST INCLUDE COURSE MAP WITH TRAFFIC CONTROL SPECIFIED FOR EACH INTERSECTION.**
3. **APPLICANT MUST NOTIFY ALL PROPERTIES AFFECTED BY ROUTE VIA US MAIL 30 DAYS PRIOR TO EVENT. AN AFFIDAVIT OF MAILING IS REQUIRED.**
4. **A RIGHT OF WAY USE PERMIT WILL BE REQUIRED FOR EACH INTERSECTION INVOLVED. PERMIT FEE IS \$75.00 EACH.**
5. **SEVEN (7) DAYS PROPR TO THE EVENT, SIGNS MUST BE PLACED AT EACH AFFECTED INTERSECTION NOTIFYING THE PUBLIC OF THE EVENT. THE SIGN MUST INCLUDE THE EVENT NAME, DATE, AND START AND END TIME. ALL SIGNS MUST BE COLLECTED FROM THE INTERSECTION(S) WITHIN 48 HOURS OF THE COMPLETION OF THE EVENT.**

ORGANIZATION NAME (ATTACH BACKGROUND ON ORG.): \_\_\_\_\_

POINT OF CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

DATE(S): \_\_\_\_\_

TIMES: \_\_\_\_\_ SETUP \_\_\_\_\_ BEGIN \_\_\_\_\_ END

SUMMARY OF ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NUMBER OF EVENT STAFF: \_\_\_\_\_ ESTIMATED TO ATTEND: \_\_\_\_\_

SUPPORT REQUESTED (FEES MAY APPLY): \_\_\_\_\_ POLICE \_\_\_\_\_ PARKS \_\_\_\_\_ FIRE/EMS

PLANNING MEETING(S): \_\_\_\_\_

The undersigned affirms under penalty for perjury that the answers, representations, and information provided in this application are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

