



**City of Rochester Hills**  
**Building Department**  
 1000 Rochester Hills Dr.  
 Rochester Hills, MI 48309  
 (248) 656-4615 Phone  
 (248) 656-4623 Facsimile  
 (248) 656-4619 24-Hour Inspection Line

**SPECIAL EVENT PERMIT**  
**APPLICATION**

**Project Number:** \_\_\_\_\_

**Permit Number:** \_\_\_\_\_

<b>I. Event Location</b>
Street Address
Sidwell Number
Residential / Commercial Center Name
Phone Number of Owner

<b>II. Applicant Information</b>			
<input type="checkbox"/> tenant <input type="checkbox"/> owner	Name		
Address (Street Number and Name)			State
City	Cell Number ( )	Zip Code	
Telephone Number ( )	Federal Employer ID Number (or reason for exemption)	Fax Number ( )	

Description of Special Event _____	
Dates of Event: From _____ to _____	Hours of Operation: From _____ to _____
Temporary electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Sanitary facilities available: Inside <input type="checkbox"/> Outside <input type="checkbox"/>
Number of tents _____	Size of tent(s) _____

<b>III. Applicant Signature</b>	
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.	
Signature of Applicant	Date
Print Name	

<b>FOR OFFICE USE ONLY</b>	
<b>Zoning Review</b>	<b>Building Plan Review</b>
Use _____	Stipulations: _____
Stipulations: _____	_____
_____	_____
Approved by: _____ Date: _____	Approved by: _____ Date: _____
Not approved by _____ Date: _____	Not approved by: _____ Date: _____
Reason(s) _____	Reason(s) _____
_____	_____