

City of Asheville Outdoor Special Event Application

Community & Economic Development Department – 70 Court Plaza – PO Box 7148 – Asheville, NC 28802
www.AshevilleNC.gov/Special Events

Event Name: _____

Locations: _____

Description: _____

Event Category

<input type="checkbox"/> Festival	<input type="checkbox"/> Run/Walk	<input type="checkbox"/> Private Group	<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Assembly
<input type="checkbox"/> Parade	<input type="checkbox"/> Block Party	<input type="checkbox"/> Educational	<input type="checkbox"/> Roadside Solicitation	<input type="checkbox"/> Race/Ride

Property Address: _____

Property Owners: ☐ City of Asheville ☐ Buncombe County ☐ Private Property
☐ Other: _____

Event Dates and Times

Start Date: _____ **Start Time:** _____

End Date: _____ **End Time:** _____

Setup Start Date: _____ **Setup Start Time:** _____

Teardown Date: _____ **Teardown Complete Time:** _____

Public Operating Hours: _____ **Total Hours Reserved:** _____

Estimated Attendance Average/Day: _____ Peak: _____ Total: _____

Additional Event Dates (for events that are part of a series):

Permit Requirements

Special Event Considerations

<input type="checkbox"/> Alcoholic Beverages	<input type="checkbox"/> Use of Electricity	<input type="checkbox"/> Food Sales	<input type="checkbox"/> Splashville Open
<input type="checkbox"/> Merchandise Sales	<input type="checkbox"/> Ticketed Admission	<input type="checkbox"/> Food Trucks	<input type="checkbox"/> Fountain On
<input type="checkbox"/> Cooking w/ Grease	<input type="checkbox"/> Open Flame in Use	<input type="checkbox"/> Annual Event	<input type="checkbox"/> Park Concessions
<input type="checkbox"/> Portable Restrooms	<input type="checkbox"/> Pets/Animals	<input type="checkbox"/> Water Access	<input type="checkbox"/> Sound Amplification
<input type="checkbox"/> 501© Non-Profit	<input type="checkbox"/> Field Gate Access		

Structural				
Item	Size (LxWxH)	Qty	Self Install	Contractor
Electrical				

Additional Structural? _____ Additional Electrical? _____

Other Permit Requirements? (describe):

Fuel/Sanitation

Flame/Fuel Information: If open flame will be used, provide descriptions and locations.

Fuel Types that will be used:

Sanitation: Describe trash collection, storage, and disposal process to be used:

Street and Sidewalk Closures

Full Street Closures – description and location from beginning to end addresses.

Full Sidewalk Closures – description and location from beginning to end addresses.

Closure Start Date: _____ Reopen Date: _____

Daily Hrs Closed: _____

Parking Meter Closures Requested? _____

of Spaces: _____ # of Meters impacted: _____

Rentals:

of Barricades: _____ # of Traffic Cones: _____ # of Days: _____

For Parades/Walks/Runs/Processions

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Open Sidewalk Use Only	<input type="checkbox"/> Temporary Traffic Interruptions
	<input type="checkbox"/> Full Street Closure	<input type="checkbox"/> Full Sidewalk Closure

Attachments: Required Documentation for All Events

☐ Public Notice ☐ EAP ☐ Site Plan/Run-Walk Route/Traffic Control ☐ COI

Additional Documentation

☐ Transportation Plan ☐ Property Owner Authorization ☐ Banners & Temporary Signs
☐ Security Plan ☐ Commercial Filming Public Notice: Street/Sdwlk Close

List any other additional attachments:

Contact Information & Agreement to Terms

Organization: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip _____

Tax EIN: _____ Non-Profit: _____ Applicant: _____

Website: _____

Contact email (for event communications): _____

Onsite Event Contacts:

	<u>First Name</u>	<u>Last Name</u>	<u>Phone</u>	<u>Email</u>
<u>Primary:</u>				
<u>Backup:</u>				

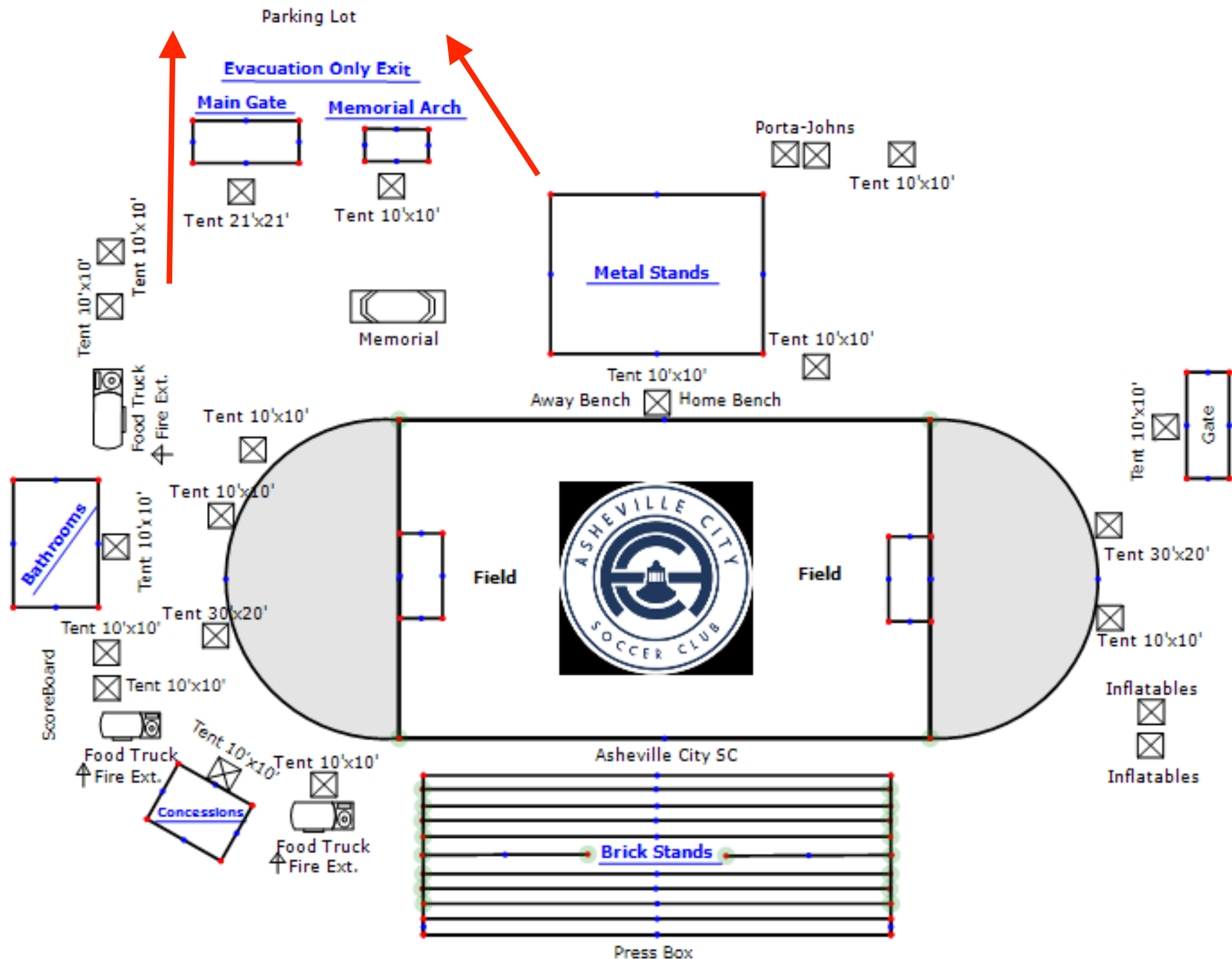
I agree to the City of Asheville terms and requirements for Outdoor Special Events: _____

Signature:



Name: _____ Date Submitted: _____

Status: _____



Transportation Plan

This form is required for any reserved public space use or outdoor special event that is estimated to exceed the allocated on-site parking capacity at any given time.

Email *

ryan@ashevillecitysc.com

Event Title or Group Name

ACSC 2022 Games

Event Date (or all dates in a reoccurring series)

5/6, 20, 30. 6/6, 8, 11, 13, 21, 24, 27. 7/6, 9, 11, 22, 24.

Event Location

Memorial Stadium

What time does the event begin setting up?

Time

03 : 00 PM ▼

What time will the event be finished cleaning up?

Time

11 : 00 PM ▼

When does the event open and close to attendees (ex. 9:00 a.m. - 5:00 p.m.)

4pm-10pm

What parking and transportation options are available for this event?

☒ On-site in defined parking spaces at the facility

☒ Nearby Parking Decks

☒ Public on-street and metered parking spaces

☒ Carpooling

☒ Walking

☒ Biking

☒ Rideshare & Taxi

☒ Public Transit

☐ Private Shuttle Services

☐ Other:

Of the parking and transportation options being used, which ones are ADA accessible?

☒ On-site in defined parking spaces at the facility

☒ Nearby Parking Decks

☒ Public on-street and metered parking spaces

☒ Carpooling

☒ Walking

☐ Biking

☒ Rideshare & Taxi

☒ Public Transit

☐ Private Shuttle Services

☐ Other:

Will dedicated event staff or volunteers be assigned to help direct traffic and pedestrians during arrival and departure?

☒ Yes

☐ No

Will law enforcement be hired to control parking and manage traffic flow around the event site?

☒ Yes

☐ No

Describe the actions that will be taken to facilitate the safe and effective use of each transportation option that will be provided or encouraged.

Asheville police and paid parking staff will organize and direct traffic flow on site using clear signage.

Communications

What tools will be used to communicate transportation and parking options to event personnel, volunteers, vendors, sponsors, and attendees?

- ☒ Website
- ☒ Email
- ☒ Newsletter
- ☒ Curb Signage
- ☐ Flyers
- ☐ Advertisements
- ☒ At Ticketing or Registration
- ☐ Other:

APD Traffic Control Posts



Emergency Action Plan

First, please enter your email address	ryan@ashevillecitysc.com
Title of Event	ACSC 2022 Games
Date(s) of Event	5/6, 20, 30. 6/6, 8, 11, 13, 21, 24, 27. 7/6, 9, 11, 22, 24.
Event Setup Start Time	3pm
Event Start Time(s)	4pm
Event End Time(s)	10pm
Event Teardown End Time	11pm
Contact #1 (First/Last Name)	Jimmy Wheeler
Contact #1 (Cell Phone)	8284423377
Contact #2 (First/Last Name)	Allen Bradley
Contact #2 (Cell Phone)	8288034935
Total Attendance	2500
Attendance at Peak Periods	2500
Event Location(s) (Property Name, Street Address, Other)	Memorial Stadium, 32 Buchanan Place
Pre-Event Briefing* Location	Memorial
Pre-Event Briefing* Time	3:45pm
Means of Internal Communication During Event (ex: radio, cell phones, voice, etc.)	Cell phones
Means of Public Address During Event (ex: PA system, megaphone, loud voice, etc.)	PA system
Means of Monitoring Weather / Emergency Alerts (ex: National Weather Service, cell phone app, etc.)	Cell phone app

Will alcohol be served?	Yes
If yes, please enter the number of locations where alcohol will be served	4
Will food be served?	Yes
If yes, please enter the number of locations where food will be served	4
Lost or Missing Persons Plan* (or attach any pages below as necessary)	The main blue tent serves as the hub of the event and is the natural location to notify of lost or missing persons. It will be relayed from there to the PA. Persons will remain at tent.
Known Physical or Environmental Hazards (ex: fire, water, electrical, weather, etc.)	Open flame cooking.
Known Fire Hazard Risks (ex: cooking devices, fire performances, etc.)	Open flame cooking.
If fire hazard risks are present, have the locations of fire extinguishers been identified on the event's site plan?	Yes
If fire hazard risks are present, have the event staff been properly instructed on the safe use of fire extinguishers?	Yes
Evacuation Announcement Script	Attention - there is an emergency on-site requiring evacuation. Please use all available exits located at both stadium gates and seek shelter. Watch for vehicular traffic and follow instructions. Please go to ashevillecitysc.com for further instructions and listen for when the warning is lifted.
Evacuation Route Map:	ACSC_evacuation.png (107 KB)
Will basic first aid be available?	Yes
Will contracted Emergency Medical Technicians (EMTs) be on site?	Yes
EMS Agency	Buncombe County EMS

EMS First & Last Name	Allen Morgan
EMS Cell Phone Number	8282506630
Based on the Matrix of APD Recommendations (page 50 of the 2019/2020 Outdoor Special Event Guide), is there a need for on-site law enforcement at your event?	Yes
Even if not required, would you still like to request on-site APD officers*?	Yes
Will there be contracted professional security services on site?	No
Will there be volunteers providing security services on site?	Yes
Security Role (ex: overnight security, barricade security)	Gate bag checks
Security Person First & Last Name	Jimmy Wheeler
Security Person Cell Phone Number	8284423377
Does this event have an estimated peak attendance of 1,000 or more?	Yes

Public Notice of Special Event

Event Name: _____

Description:

Event Location: _____

Anticipated Number of Attendees: _____

Key Event Dates and Times

Event Start Date (open to Attendees): _____ Start Time: _____

Event End Date (Closed to Attendees): _____ End time: _____

Setup Start Date: _____ Setup Start Time: _____

Teardown Date: _____ Teardown Finish Time: _____

Additional Dates: 5/20, 30. 6/6, 8, 11, 13, 21, 24, 27. 7/6, 9, 11, 22, 24.

Contact Person for Event Information

Primary Contact: _____ Phone: _ _ _____

Email: _____

Organization: _____