



843.795.4141
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Town Hall
1238-B Camp Road
James Island, SC 29412

**Special Event Permit
Planning Department**

Application Number: _____ Date: _____ Fee Paid: _____
Cash/Check #: _____

General Information

Name of Event: _____ Location: _____
Date and Time of Event: _____
Applicant Name: _____ Phone: _____ Email: _____
Mailing Address: _____

Description of Event

Please provide a brief description and purpose of the event:

Please check all components of the event:

- | | |
|--|---|
| <input type="checkbox"/> Live music | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Food vendors | <input type="checkbox"/> Amplified sound |
| <input type="checkbox"/> Admission fee | <input type="checkbox"/> Retail vendors |
| <input type="checkbox"/> Signs and banners | <input type="checkbox"/> Stage or bleachers |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Inflatables/jump castles |
| <input type="checkbox"/> Tents or canopies | <input type="checkbox"/> Other _____ |

*Please note that events held at Town parks may be subject to additional conditions

Estimated Event Attendance: _____

*Please attach a site plan for the event and any other documentation per the Planning Department's request

FOR OFFICIAL USE ONLY

TMS #: _____

Received by: _____ Date: _____

Notes: _____

