

Town of Middlefield, NY
TEMPORARY SPECIAL PERMIT

PROPERTY OWNER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS (to return approved permit) _____

LOCATION OF PROPERTY: _____
(road, street, or event, etc.)

TAX MAP NUMBER: _____

CURRENT LAND USE DISTRICT: _____

SPECIAL USE REQUIRED: _____

NAME OF BUSINESS/OWNER: _____

***** AN INSURANCE CERTIFICATE FOR ANY EVENT MUST ACCOMPANY THIS PERMIT, COVERING THE EVENT DATES, AND NAMING THE TOWN AS AN ADDITIONAL INSURED. *** List name and date of event on certificate.**

SPECIAL CONDITIONS OF APPROVAL: _____

BEGINNING DATE OF EVENT: _____ **ENDING DATE:** _____

MOTION TO APPROVE MADE BY COUNCILMAN: _____

MOTION SECONDED BY COUNCILMAN: _____

APPROVED BY A VOTE OF ____ TO ____

SIGNED BY TOWN SUPERVISOR: _____

DATE: _____

