

SOUTH PORTLAND CITY COUNCIL

POSITION PAPER OF THE CITY CLERK

SUBJECT:

Street Closure

THE SOPO BUY LOCAL GROUP IS REQUESTING THE CLOSURE OF MADISON STREET AT BREAKWATER DRIVE FOR THE SOUTH PORTLAND BUY LOCAL BUG LIGHT FESTIVAL ON AUGUST 16TH WITH A RAIN DATE OF AUGUST 17TH. PASSAGE REQUIRES MAJORITY VOTE.

POSITION:

Code Enforcement, Fire, Parks & Recreation, Police, Public Works and the Transportation Department have been notified and there are no objections. The request with details is attached.

REQUESTED ACTION:

Council approval for the street closure.


CITY CLERK



City of South Portland

Event Application

Application must be turned in 30 days prior to the event

Application Date _____

ORGANIZATION INFORMATION

Name of Organization: SOUTH PORTLAND/CAPE ELIZABETH BUY LOCAL

Contact Person for Event: APRIL TRACY

Title of Contact Person: PRESIDENT

Contact Name and Phone number during the Event: APRIL TRACY 831-0495

Mailing Address: 50 MARKET ST SUITE 1A POX 214 S.P 04106

Telephone: _____

Cell Phone: _____

Email Address: president@sopocebuy/local.com

Is your organization incorporated as a non-profit organization? Yes No

Non-Profit Number: _____

EVENT INFORMATION

Name of Event: BUY LOCAL BUG LIGHT FESTIVAL

Location of Event: BUG LIGHT PARK

Date of Event: AUG 16 2014

Rain Date: AUG 17 2014

Time of Event: Start Time: 10AM Ending Time: 2PM

Estimated Attendance: 1500-3000

Does the Sponsoring Organization own the property? NO
If not, please attach a letter from the property owner authorizing this event.

Does the Applicant have insurance for this event? Yes No

Please check off all events that will occur

Check off	Type of Event	Additional Information	Fee	Total
<input checked="" type="checkbox"/>	Amplified Sound	Complete Neighbor Notification	\$10.00 per event	
<input type="checkbox"/>	Burn Permit/Bonfire	Must complete Additional paperwork with the Fire Department	No Fee	
<input type="checkbox"/>	Carnival	Proof of Insurance is required	\$125.00 a day	
<input type="checkbox"/>	Circus	Proof of Insurance is required	\$300.00 a day	
<input type="checkbox"/>	Electrical Permit	Must complete additional paperwork with Code Enforcement	\$60.00 paid to Code Enforcement	
<input type="checkbox"/>	Fireworks	Proof of Insurance is required. Site Plan approval from Fire Marshall Required (call 207-624-8744)	No Fee	
<input checked="" type="checkbox"/>	Food	Please Provide a list (Include: Name of organization, contact, address, phone, and food items that will be sold or given away)	\$35.00 per event per Food Vendor	
<input checked="" type="checkbox"/>	Non Food Items	Please Provide a list (Include: Name of individual, date of birth, address, phone, and items that will be sold or given away)	\$60.00	
<input type="checkbox"/>	Off Premise Alcohol	State Application is required	\$20.00	
<input checked="" type="checkbox"/>	Off premise Signs	Must complete additional paperwork with Code Enforcement	\$25.00 Minimum paid to Code Enforcement	
<input type="checkbox"/>	Parade	Please provide Parade route.	No Fee	
<input type="checkbox"/>	Parking Accommodations are needed	Please provide any maps or diagrams relating to this event.	No Fee	
<input checked="" type="checkbox"/>	Road/Intersection Closure	Please provide any maps or diagrams relating to this event. Council Approval is required.	No Fee	
<input type="checkbox"/>	Run/Walk/Cycle/Swim	Please provide any maps or diagrams relating to this event.	No Fee	
<input type="checkbox"/>	Tent Permits	Must complete additional paperwork with Code Enforcement	\$25.00 paid to Code Enforcement	
<input type="checkbox"/>	Trailer Permits	Must complete additional paperwork with Code Enforcement	\$25.00 paid to Code Enforcement	
			Processing Fee	\$20.00
			Total	

Fees are waived for Non Profits

Will Barricade and/or cones be needed? YES

Is Yes, How many barricades 2-4 Cones 0

SANITARY FACILITIES

Please state if the following items will be available at your event, the number of items available and the proximity of the item to your event:

<u>Sanitary Requirement</u>	<u>Amount at Event</u>	<u>Location</u>
TOILETS	4-6	BUY CONCRETE SLAB
WASTE DISPOSAL	3-5	THROUGHOUT FESTIVAL
HAND WASHING FACILITIES		
PORTABLE WATER		
FIRST AID FACILITIES	1	FIRE DEPT.

DESCRIPTION OF EVENT

2ND ANNUAL EVENT W/ COMMUNITY BUSINESS' SELLING THEIR PRODUCTS, STORY HOUR, HONEY ICED EVENTS, BOUNCE HOUSE, FOOD FROM RESTAURANTS & NON-PROFITS.



 Signature of Applicant

2/26/2014

 Date Submitted

Please note that you will be contacted by City Staff if you require additional permitting.

Please return this application to: **City Clerks Office**
Att: Jessica Hanscombe
25 Cottage Road
South Portland, Maine 04106
207-767-7628
jhanscombe@southportland.org

ADDITIONAL INFORMATION

******FOR STAFF USE******

DEPARTMENT COMMENTS AND RECOMMENDATIONS:

City Clerk Comments/Recommendation: _____

Code Officer/Health Comments/Recommendation: _____

Code Officer/Building Comments/Recommendation: _____

Fire Department Comments/Recommendation: _____

Parks & Recreation Department Comments/Recommendation: _____

Police Department Comments/Recommendation: _____

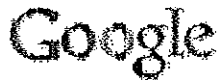
Public Works Department Comments/Recommendation: _____

Transportation Department Comments/Recommendation: _____

Council Public Hearing Date: _____

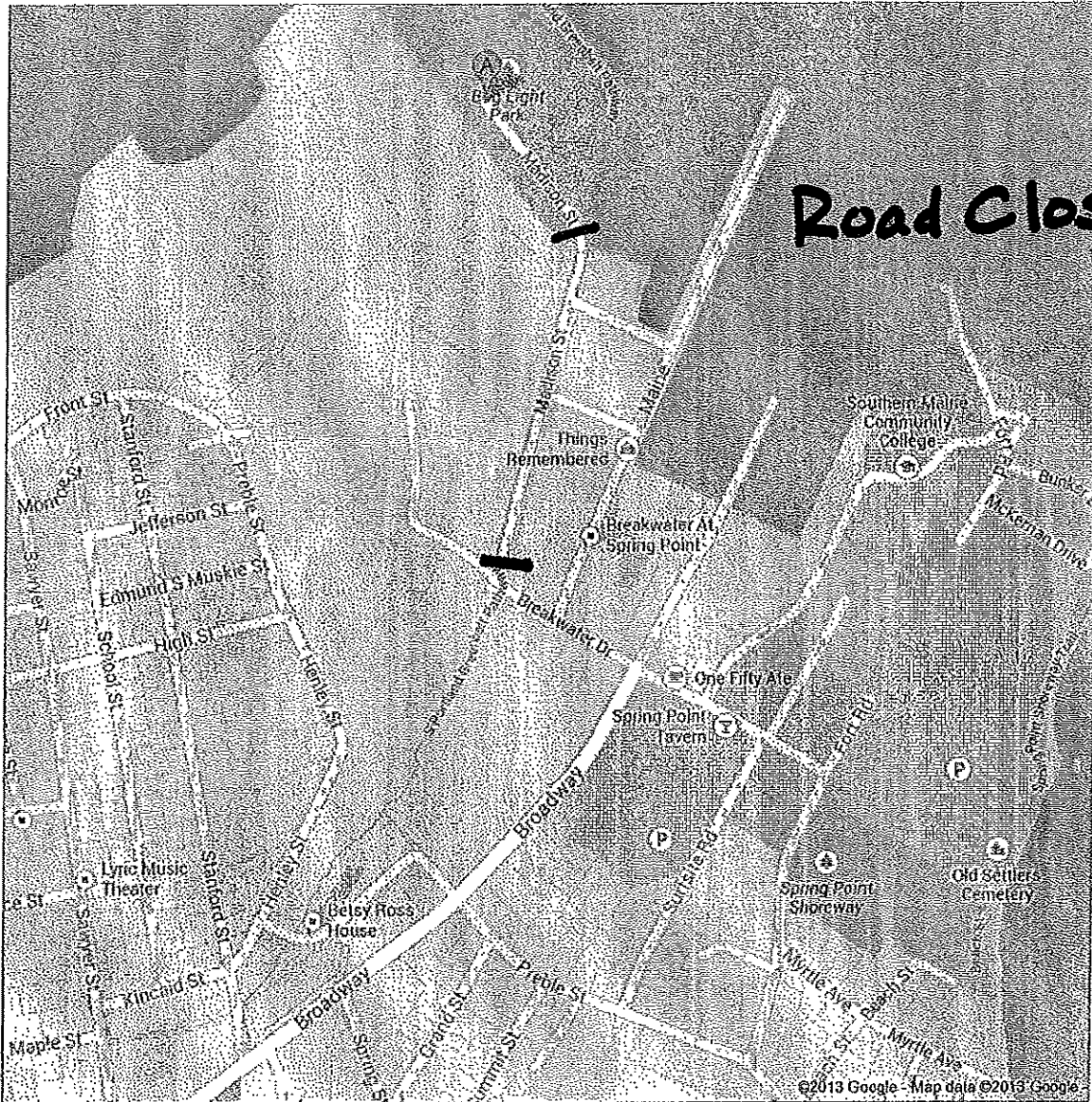
Approved/Denied: _____

Date applicant notified: _____



Address **Madison St**
South Portland, ME 04106

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Text the word "GMAPS" to 466453



Road Closure