



# Richland County Temporary Event Application

## LOCATION INFORMATION (print or type)

Location of Event: \_\_\_\_\_  
Name of Business or Organization: \_\_\_\_\_  
Zoning District: \_\_\_\_\_ Tax Map: \_\_\_\_\_

## GENERAL INFORMATION

Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell/Other Phone(s): \_\_\_\_\_  
Email: \_\_\_\_\_  
Signature of Property Owner: \_\_\_\_\_

**Note: Attach additional lists for multiple property owners on a separate sheet.**

Event Holder (Applicant): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell/Other Phone(s): \_\_\_\_\_  
Email: \_\_\_\_\_

## ACTIVITY DESCRIPTION

Provide full description of the proposed activity (*attach additional sheet if necessary*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of anticipated attendees? \_\_\_\_\_ Number of employees/volunteers? \_\_\_\_\_  
Date/Time of event: Hours - \_\_\_\_\_ Day(s) - \_\_\_\_\_  
Date/Time of set-up: Hours - \_\_\_\_\_ Day(s) - \_\_\_\_\_  
Will there be live entertainment (if yes, describe)? \_\_\_\_\_  
Will alcohol be served (if yes, describe)? \_\_\_\_\_

## PARKING

Where will parking be provided? \_\_\_\_\_  
What method of traffic control will be provided? \_\_\_\_\_  
Will parking be provided on another parcel? \_\_\_\_\_ If yes, provide a letter of agreement from the property owner.  
Number of parking spaces on primary site? \_\_\_\_\_ Number of parking spaces on other site(s)? \_\_\_\_\_

**Check each box that applies.**

## STRUCTURES - the location of each structure must be depicted on an attached site plan.

- Tent(s) - tents must meet the fire code requirements of Chapter 24 of the International Fire Code.
- Total number of tents erected \_\_\_\_\_ Size of each tent \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- Stage/Platform(s) - Total number \_\_\_\_\_ Height \_\_\_\_\_ Square Footage \_\_\_\_\_
- Other \_\_\_\_\_ Total number \_\_\_\_\_ Height \_\_\_\_\_ Square Footage \_\_\_\_\_

Restrooms - facilities for outdoor events must be provided at the following ratio:

Urinals: Male - 1 per 75 for the first 1,500 and 1 per 120 for the remainder exceeding 1,500.

Female - 1 per 40 for the first 1,500 and 1 per 60 for the remainder exceeding 1,500.

Lavatories (sinks): Male - 1 per 200 Female - 1 per 150

**\*In cases where sanitary facilities are not provided on the site of the event, the applicant must provide a copy of a written agreement that demonstrates that sanitary facilities are provided somewhere immediately adjacent to the event by another party.**

**EMERGENCY PROVISIONS**

Identification and assignment of personnel responsible for rescue or emergency medical aid: \_\_\_\_\_

Describe emergency evacuation procedures: \_\_\_\_\_

Method of notifying occupants of a fire or emergency: \_\_\_\_\_

Alternative means of reporting fires and other emergencies to the fire department or designated emergency response organization: \_\_\_\_\_

Security Provision: (if yes, with what entity - attach copy of contract) \_\_\_\_\_

**ELECTRICAL**

Will electrical service be required? \_\_\_\_\_ If yes, describe intended use \_\_\_\_\_

Responsible party for electrical permit \_\_\_\_\_

**\*If yes, you must contact the South Carolina Department of Health and Environmental Control (SCDHEC).**

**The applicant certifies that the electrical service obtained for this event will be disconnected on \_\_\_\_\_**

Signature \_\_\_\_\_

**The applicant certifies that the electrical service shall only be used for the stated use.**

Signature \_\_\_\_\_

**The applicant certifies that the electrical service shall be secured.**

Signature \_\_\_\_\_

**FOOD**

Will food be served/sold (if yes, describe)? \_\_\_\_\_

**\*If yes, you must contact the South Carolina Department of Health and Environmental Control (SCDHEC).**

**ALCOHOL**

Will alcohol be served/sold (if yes, describe)? \_\_\_\_\_

**ROADS**

Will any of the public or private roads used to access the subject property or any of the adjacent properties be closed/blocked as a result of the proposed event (if yes, identify the roads which will be closed/blocked and what alternative methods are proposed to ensure safe vehicular and pedestrian access)? \_\_\_\_\_

**\*If yes, an approval from the Office of the Administrator must be provide with this form. Please contact the Richland County Ombudsman's Office, (803) 929-6000, for further information regarding this approval.**

I hereby certify that the statements furnished in this application and in the attached exhibit(s) present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. In addition, we further consent and hereby authorize County representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any review for the processing of the application being filed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Date

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**TO BE COMPLETED BY COUNTY STAFF**

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**Event**

SCDHEC reviewer: \_\_\_\_\_

Approved     Denied

SCDHEC

2000 Hampton St. Columbia, SC 29204

Office: 803-576-2910

Date: \_\_\_\_\_

comments - \_\_\_\_\_

Fire Marshal reviewer: \_\_\_\_\_

Approved     Denied

Richland County ESD

1410 Lauren St. Columbia, SC 29204

(803) 576-3400

Date: \_\_\_\_\_

comments - \_\_\_\_\_

Building Depart. reviewer: \_\_\_\_\_

Approved     Denied

Richland County Building Department

2020 Hampton St. Columbia, SC 29204

(803) 576-2140

Date: \_\_\_\_\_

comments - \_\_\_\_\_

Zoning reviewer: \_\_\_\_\_

Approved     Denied

Richland County Planning and Development Department

2000 Hampton St. Columbia, SC 29204

(803) 576-2190

Date: \_\_\_\_\_

comments - \_\_\_\_\_

Sheriff's Depart. reviewer: \_\_\_\_\_

Approved     Denied

Richland County Sheriff's Department

5623 Two Notch Road. Columbia, SC 29223

(803) 576-3000

Date: \_\_\_\_\_

comments - \_\_\_\_\_