

# MACOMB TOWNSHIP

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54111 Broughton Road • Macomb, MI 48042 •

586-992-0710 Ext. 7103

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[www.macomb-mi.gov](http://www.macomb-mi.gov)



**APPLICATION PACKET FOR:**

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## **SPECIAL EVENTS**

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**APPLICANTS TAKE NOTE OF THE FOLLOWING:**

All applications must contain each and every page from this application packet, including the checklist and any unused pages. If your application does not include all items, it will not be reviewed by the Planning Department.

Please use only the forms provided with this application.  
No other forms, however similar, will be accepted.

**If you would like to meet with staff before submitting any application we are more than happy to accommodate such a meeting. In fact, we encourage it! Please call or email us to schedule a meeting.**

## SPECIAL EVENTS REVIEW APPLICATION

### CHECKLIST OF REQUIRED DOCUMENTS

This application must be accompanied by all items listed in the checklist below. This application shall be completed and submitted with proper payment (as indicated in the application) in an envelope stating “Attention: Planning Department,” the project name, and type of project on the outside of the envelope and placed in the night drop off box at the back of the building at Macomb Township Town Hall at 54111 Broughton Road, Macomb Township, MI 48042 (alternatively the package can be dropped off with the Planning Department at Town Hall, or mailed to this address). No plans or supplemental information is required with the submittal of the check, just the application. In addition to this hard copy submittal, **A PDF OF THE APPLICATION, A COPY OF THE CHECK, AND ANY/ALL PLANS AND SUPPLEMENTAL INFORMATION MUST BE EMAILED TO [PlanDropbox@macomb-mi.gov](mailto:PlanDropbox@macomb-mi.gov)**. Once the package is received and we have verified confirmation of payment, the submittal will be reviewed. If additional information is required, Planning Department staff will contact you via email or phone with additional instructions.

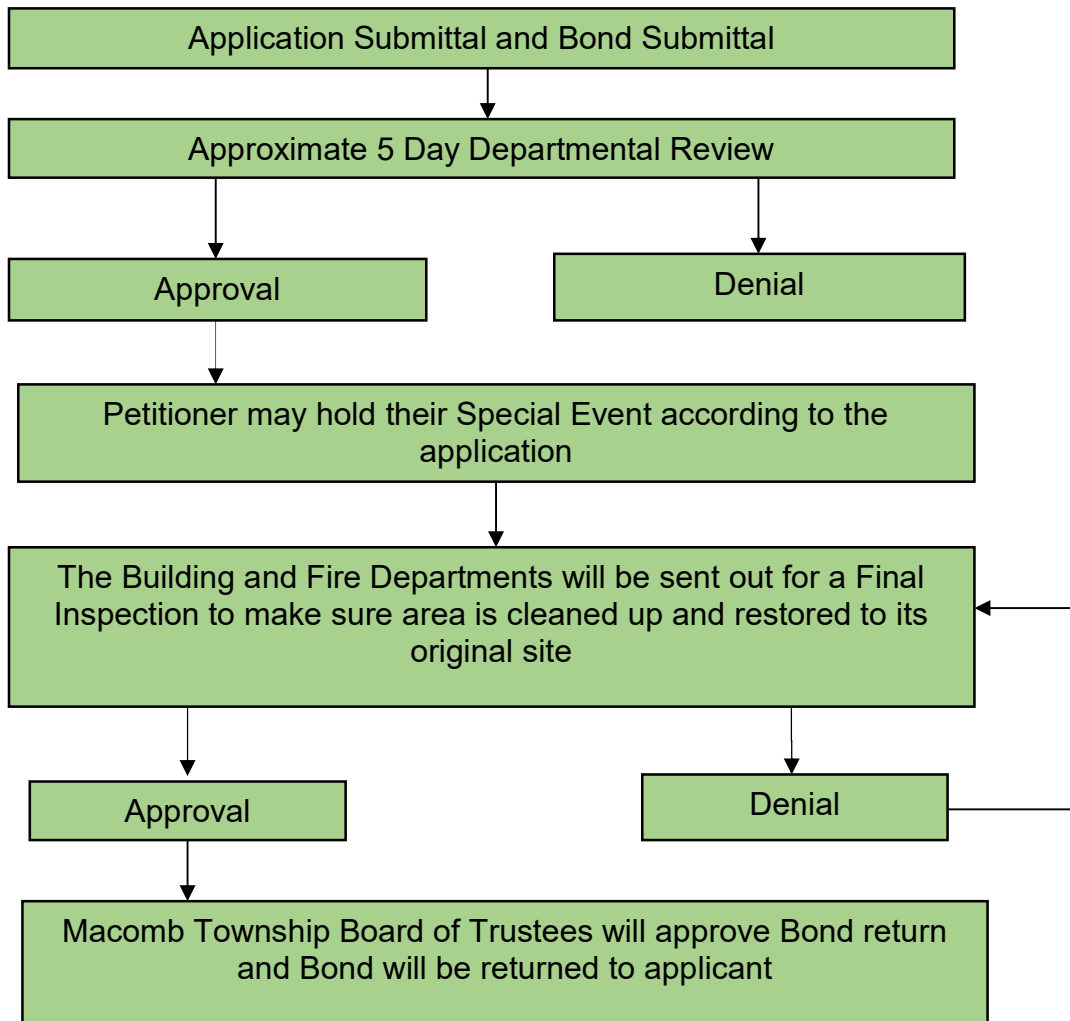
- A completed application**, we will not accept incomplete applications or missing pages. If you need more space for your event description, please attach as many additional pages as you need;
- Payment** – Please make your (refundable) check payable to “**Macomb Township Treasurer**”. Bond for Special Event is \$500.00 and **must** be provided per the instructions above. Failure to do so will delay the review process;
- Letter**, describing in detail the purpose of the Special Event;
- Dimensioned and Reasonably Scale Drawing** showing all structures and activities. This drawing does **not** have to be certified by an engineer or architect;
- A copy of the **Site and Event Insurance Policy** which names Macomb Township as an additional insure party;
- Certificate of Zoning** that is the most recent.

# SPECIAL EVENT REVIEW APPLICATION

## OVERVIEW

**What is a Special Event?** A Special Event is a one time or an infrequently occurring event that attracts local or community visitors

**What are the procedures for a Special Event Review?** Upon receipt of a complete application for the Special Event, the Planning Department will send copies of the application to the appropriate department heads for review and recommendation. These departments will be given approximately five (5) days for review. Results of the review shall be communicated to the applicant. Applicant may proceed with their Special Event if the application was approved. Once the special event is over, the applicant may then email the Planning Department requesting their bond back. The Planning Department will send appropriate departments to inspect the property before adding bond return on the Macomb Township Board of Trustees Agenda.



## Application for Special Event Approval

Please complete all of the information requested below. An incomplete application may delay the approval process. **Feel free to use additional sheets of paper as necessary.**

Date of Application:	Proposed Start Date of Special Event:	Proposed End Date of Special Event:
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**Special Event Contact Person**

Name	
Address	
City, State & Zip Code	
Day Time Phone Number	
Email Address	
Property ID Number	08 - ___ - _____ - _____
Business or Location Name	

**Description of Special Event** *(Include a description of hours, all activities and any sound making devices, instruments or equipment)*

**Signs** *Please list all signs, banners, flags and other attention getting devices that will be displayed for this Special Event and include their dimensions. Show locations on required plans.*

How many Special Event Permits have you already been issued in this calendar year by Macomb Township?

One
  Two
  Three
  Four

**SCALE DRAWING**

