

WATER EVENT PERMIT
Town of Grand Rapids Ordinance NO. 35

Type of Event:

Name of Applicant/Organization:

Address:

Telephone Number: _____

Briefly describe event/activity for which permit is requested including the approximate number of participants:

Will markers be placed in or on the water? If so, describe:

Any special needs or equipment that will be used:

Specific location of intended event(s):

Date and time period of intended event(s):

Briefly describe what effect the intended event will have on other users of the water in the area of the event:

Is exclusive use of the water requested during the event? ____yes ____no

If yes, Briefly explain why the exclusive use is necessary:

Specifically identify the area of water for which exclusive use is requested:

Proof of Liability Insurance, if applicable:

Dated this ____ day of _____, 20____.

Signature of Applicant

Chief of Police Recommendation: Approve Disapprove