



# CECIL COUNTY, MARYLAND

## Special Event Permit – Data Sheet

Event: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Purpose/Type: \_\_\_\_\_

Organizer: \_\_\_\_\_

Contact Person \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

No. of Participants: \_\_\_\_\_ No. of Vehicles/Units: \_\_\_\_\_ Rain/Snow Date: \_\_\_\_\_

Proposed Route: \_\_\_\_\_  
(Written Description)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be occupying all or part of a roadway travel lane? No \_\_\_\_\_ Yes \_\_\_\_\_

Will you be closing all or part of a roadway? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes to either of the above, where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you requested Cecil County Sheriff's Office assistance?\* No \_\_\_\_\_ Yes \_\_\_\_\_ Number \_\_\_\_\_

Have you requested Maryland State Police assistance?\* No \_\_\_\_\_ Yes \_\_\_\_\_ Number \_\_\_\_\_

Have you requested municipal law enforcement assistance?\* No \_\_\_\_\_ Yes \_\_\_\_\_ Number \_\_\_\_\_

**\* THE EVENT ORGANIZER IS RESPONSIBLE FOR OBTAINING CECIL COUNTY SHERIFF'S OFFICE, MUNICIPAL/TOWN, AND/OR MARYLAND STATE POLICE ASSISTANCE \***

**CIRCLE THE TOWN(S), COUNTY(S) AND STATE(S) YOUR EVENT WILL TAKE PLACE IN**

Cecil County, Maryland  
Harford County, Maryland  
Kent County, Maryland  
Town of Elkton, Maryland  
Town of North East, Maryland  
Town of Perryville, Maryland  
Town of Port Deposit, Maryland  
Town of Rising Sun, Maryland  
Town of Chesapeake City, Maryland  
Town of Cecilton, Maryland  
Town of Havre de Grace, Maryland  
Town of Middletown, Delaware  
City of Newark, Delaware  
University of Delaware  
City of Wilmington, Delaware  
State of Delaware  
State of Pennsylvania

**ATTACH THE FOLLOWING**

- Map of affected routes
  - Traffic Control Plan (including details on how intersections will be controlled, a detour plan, locations of police officers/volunteers and locations of all traffic control devices, as appropriate)
  - Other event details
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(Contact the Roads Division of the Cecil County Department of Public Works to determine what, if any, additional information will be required for your event)

**\* Submit completed Data Sheet and Signature Sheet to the Roads Division, Cecil County, Maryland Department of Public Works, no later than 60 DAYS prior to your event \***

April 2016



# CECIL COUNTY, MARYLAND

## Special Event Permit - Signature Sheet

EVENT: \_\_\_\_\_

### ORGANIZER'S ACKNOWLEDGEMENT

**I/WE HEREBY AFFIRM** that the **ORGANIZER** of this **EVENT** and all **PARTICIPANTS** will comply with the Laws of the State of Maryland, any applicable Cecil County and/or municipal statutes and ordinances, and that I/We will adhere to the terms and conditions set forth in this **PERMIT**. My/Our signature(s) below confirm that the **ORGANIZER** and all **PARTICIPANTS** agree to hold harmless from any liability, incurred by them or to others associated with this **EVENT**, and the various governmental agencies providing assistance for this **EVENT**. The **ORGANIZER** may be required to obtain Liability and Property Damage Insurance with limits of at least \$300,000 per incident/\$1,000,000 aggregate.

**ORGANIZER:** \_\_\_\_\_  
PLEASE PRINT NAME

**REPRESENTATIVE:** \_\_\_\_\_  
PLEASE PRINT NAME

**SIGNATURE:** \_\_\_\_\_  
PLEASE SIGN

### TERMS AND CONDITIONS

1) This **EVENT** shall adhere to the route, number of participants and vehicles (not more than 10% higher than the numbers on this Permit), date(s) and times shown on the attached \_\_\_\_\_ sheet(s).

2) The **ORGANIZER** shall ensure that the approved **TRAFFIC CONTROL PLAN** is followed.

3) In the event of winter weather during the event, the Cecil County, Maryland Department of Public Works will require access to all County roadways for weather related operations. This may require cancellation of the event.

4) Immediately following the event, the **ORGANIZER** shall clean up all litter, temporary signs and other event materials and return the roadway to a condition equal to or better than its condition before the event.

5) Additional stipulations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## AGENCY APPROVALS

Before signing and giving approval for your agency, consider the following:

1) Ensure you have the approval authority to sign for your agency to commit manpower and resources.

2) Ensure you have looked over the entire application package, including the Route Map and Traffic Control Plan. If you identify any problems, have the event organizer address them prior to signing.

3) If reimbursement is required, ensure you have mutually agreed upon the amount (in writing) and terms under which payment will be made.

### Cecil County, Maryland:

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AGENCY SIGNATURE	PRINTED NAME	DATE
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**Local Government** ( \_\_\_\_\_ ): \_\_\_\_\_

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AGENCY SIGNATURE	PRINTED NAME	DATE
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**Local Government** ( \_\_\_\_\_ ): \_\_\_\_\_

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AGENCY SIGNATURE	PRINTED NAME	DATE
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**State Government** ( \_\_\_\_\_ ): \_\_\_\_\_

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AGENCY SIGNATURE	PRINTED NAME	DATE
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### Cecil County Sheriff's Office:

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AGENCY SIGNATURE	PRINTED NAME	DATE
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### Maryland State Police:

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AGENCY SIGNATURE	PRINTED NAME	DATE
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### Municipal/Town Police:

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AGENCY SIGNATURE	PRINTED NAME	DATE
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**State Police** ( \_\_\_\_\_ ): \_\_\_\_\_

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AGENCY SIGNATURE	PRINTED NAME	DATE
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