## VILLAGE OF BRIDGEVIEW

7500 S. Oketo Avenue • Bridgeview, IL 60455 Phone: 708-594-2525 • Fax: 708-924-8095

## **BUILDING DEPARTMENT**

## **SPECIAL EVENTS FORM**

MUST BE SUBMITTED 30 DAYS PRIOR TO EVENT

See Reverse Side For Comments

ADDLICANT INCODMATION			se cide i or comments
APPLICANT INFORMATION Name:		APPLICANT	
Name.		Owns Property *Rents Property *if renting fill out this section	
Business Name:		Owner's Name:	
Address:		Owner's Business Name:	
Phone:	2nd Phone or Fax Number:	Address:	
ODEOLAL EVENT INCODMATION		Phone:	2nd Phone or Fax Number:
SPECIAL EVENT INFORMATION  Date Requested:		T HOHO.	Zild i Hone of i ax Number.
·		Owner's Permission To Hold Event:	
Property Address:		ADDITIONAL COMPANIES	INVOLVED
Name Of The Event:		ADDITIONAL COMPANIES INVOLVED  1. Business Name:	
List In Detail All Activities Of Event:		Contact Person:	
		Address:	
		Phone Number:	
		Activity or Involvement:	
		2. Business Name:	
		Contact Person:	
Number of People Expected For Event:	Number of Parking Spaces On-site:	Address:	
If On-site Parking Is Not Adequate, What Is Your Plan For Additional Parking?		Phone Number:	
		Activity or Involvement:	
		3. Business Name:	
APPROVAL RQUIRED FROM THE FOLLOWING DEPTS.  Police Department:  Date:		Contact Person:	
☐ Yes ☐ No	- Jane.	Address:	
		Phone Number:	
Fire Department:  Yes No	Date:	Activity or Involvement:	
		4. Business Name:	
Building Department:	Date:		
☐ Yes ☐ No	1	Contact Person:	
Electrical Department:	Date:	Address:	
Yes No	Date.	Phone Number:	
		Activity or Involvement:	
Public Works Department:	Date:		
☐ Yes ☐ No	1	Applicant Signature:	Signature of Owner or Agent:
		X	

1/07

## VILLAGE OF BRIDGEVIEW - BUILDING DEPARTMENT SPECIAL EVENTS FORM

Side 2	OFFICE USE ONLY	DATE RECEIVED:
COMMENTS		