

EVENT APPLICATION FORM



CHRISTCHURCH
CITY COUNCIL · YOUR PEOPLE · YOUR CITY

All activities undertaken on Council land *must* comply with the City Plan as resource consent may be required. If you are unsure if your activity complies with the City Plan please contact the Duty Planner on 941 8999 during normal business hours.

NAME OF EVENT:	
TYPE OF EVENT:	
DESCRIPTION OF EVENT:	
LOCATION:	

Note: Please attach a separate sheet, with a site plan, including location of all temporary structures. Please include site address, names of roads, park/reserve to be used.

CONTACT DETAILS

Organisation:

Contact Name:

Postal Address:

Street Address: **City:**

Phone Number: (Bus) (Home) (Mobile)

Fax: **Email:**

Contact Person on the Day:

Phone Number: (Bus) (Home) (Mobile)

Fax: **Email:**

DATES/TIMES

Set Up Date and Time:

Event Start Date and Time:

Event Finish Date and Time:

Conclusion Date and Time:

Number of People on location:

Number and type of Vehicles on location:

PARKING REQUIREMENTS

(Note: To check boxes, right click and select properties)

Are the existing Parking Facilities adequate? Yes No

If No, describe additional requirements and attach a diagram (Can be included on site plan).

.....
.....
.....
.....

STREET ACTIVITIES

Is a road closure or traffic management required? Yes No

If Yes, a traffic management plan must be submitted at least six weeks prior to the event.

Which Traffic Management Company are you using?

If you do not already have one, would you like us to provide a list of contacts for you? Yes No

CLEAN UP

(The organiser is responsible for the cleaning up of the venue.)

What are your arrangements?

Expected Date/Time of Completion:

TOILETS

Are the existing toilet facilities adequate? Yes No N/A

If no, what temporary toilet facilities will the organiser be providing? (Include numbers and locations.)

When will the temporary toilets be removed?

ELECTRICITY

Is power supply required for this event? Yes No

Will you require access to Christchurch City power supplies, if available at the venue? Yes No

If yes, please give details of your requirements:

If no, please detail what you are providing in the way of generated power:

WATER

Will you require access to Christchurch City water supplies if available at the venue? Yes No

If Yes, please provide details of your requirements:

SOUND

Will there be any amplified sound? Yes No

If Yes, please supply details and expected sound levels:.....
.....
.....

SPECIAL EFFECTS (Eg: Fireworks, smoke, noise, lighting etc, also supply Health & Safety Certification for - Fireworks).

Will there be any special Effects? Yes No

If Yes, please give details:.....
.....
.....

(Note: Please mark locations on site plan)

ENTERTAINMENT (Eg: Bands, bouncy castles etc)

Will there be any other types of entertainment? Yes No

If Yes, please give details:.....
.....
.....

(Note: Please mark locations on site plan)

BUILDING CONSENT

Will there be any of the following?

- Tents or marquees over 30m². Yes No
- Platforms or staging over 1m high. Yes No
- Scaffold towers or grandstands. Yes No
- Portable buildings (eg. 'Portacom's') Yes No
- Temporary artwork or other structure. Yes No

NB: New building consent forms required from 1st July, 2007

If Yes to any of the above, please give details (and mark locations on the site plan):

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.....
.....

REGULATORY LICENCES - The organiser is responsible for obtaining all appropriate licences before approval for your event can be given.

Which of the following licenses will you require?

- | | | |
|--|------------------------------|-----------------------------|
| Sale of Liquor | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Amusement Devices | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Sale of Merchandise | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Storage and use of LPG | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Storage and use of Diesel | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Storage and use of Kerosene | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will you be using Food Vendors | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, are they registered and current? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please give details:.....

PUBLIC LIABILITY INSURANCE

Proof of your insurance is required. Is a copy attached? Yes No

Company:Amount: \$ Expiry Date:

Comments:.....

RESOURCE CONSENT

Have you applied for a resource consent? Yes No

If the answer is yes, please state the resource consent number: RMA _____

If you are unsure whether you require a resource consent for the proposed activity you will need to contact the Duty Planner on 941 8657 or come in to the City Council and speak to a Planner at the counter (second floor) to determine what rules of the Proposed City Plan apply to your activity. If resource consent is required, the application form and information can be accessed from our website www.ccc.govt.nz/Planning.

HEALTH & SAFETY PLAN - Please ensure that all participants are made aware of their responsibilities under the Health and Safety in Employment Act 1992 and that a Health and Safety Management Plan be produced specific to this production. Please complete the enclosed Health and Safety Guidelines confirmation form.

PRIVACY ACT 1993 - The information collected will be used to ensure the effective processing of your application. It may, therefore, be distributed to other Christchurch City Council departments, external agencies and for public notification as required.

CHARGES - The organiser will incur costs such as facility fees and other Christchurch City Council charges. The organiser will be responsible for the cost of barricades, signage, cones and other items that the event requires. The organiser may be asked to provide a bond that will be refundable on fulfilment of council requirements.

Organisers must comply with the conditions for the use of Christchurch City Council parks, streets, squares and facilities. A set of conditions will be attached to your letter of approval. Any changes or additions to these conditions are at the discretion of Christchurch City Council.

Upon completion of this application, please sign below (Or print if send electronically).

Signature:..... Date:.....

If any details, relating to this permit application, are altered after the forms are submitted, please advise the Christchurch City Council, as soon as possible.

Event Development Team
Civic Offices
163-173 Tuam Street
P O Box 237
Christchurch 1
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Email majoreventbooking@ccc.govt.nz