



SANDOVAL COUNTY

APPLICATION FOR SPECIAL EVENT PERMIT

THIS APPLICATION ALONG WITH A DETAILED SITE(S) PLAN AND ANY OTHER APPLICATBLE DOCUMENTS AS REQUIRED, MUST BE REMITTED TO THE PLANNING & ZONING DEPARTMENT NO LATER THAN 15 DAYS PRIOR TO ANY ACTIVITES ON THE SITE. Submittal of application does not constitute approval. All applications must be reviewed and appropriate fees paid prior to issuance of permit. A permit for Film is a separate application found at: <https://www.sandovalcountynm.gov/departments/planning-zoning/p-z-forms/>

NAME OF APPLICANT: _____

STATUS:

- Private entity
- Unincorporated
- 501c3
- Other _____

CONTACT NAME: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

NAME AND LOCATION OF THE EVENT:

DATE(S) AND HOURS OF EVENT (include number of days for set up and breakdown):

TOTAL NUMBER OF VOLUNTEERS: _____

The following will require a separate permit/approval and must be submitted prior to approval of the film permit:

1. Will event take place or require traffic control in County or State Road Right of Way? ___ Y ___ N If Yes, must contact County Public Works, NMDOT or Sherriff's office (for traffic control).
2. Will event require parking? ___ Y ___ N If yes, submit a site plan showing the parking and notarized letter from the property owner, if on a separate piece of property(s).
3. Will event take place at a County facility? ___ Y ___ N. If yes, must submit approval from appropriate department. Any fees must be paid and receipt submitted.
4. Will event take place on private property that is not the property of the applicant? ___ Y ___ N If yes, must submit a notarized letter from the property owner.

You may mail the application to: **Sandoval County, Planning and Zoning Department, P.O. Box 40, 1500 Idalia Rd, Bldg. D, Bernalillo, NM 87004.** Applications received late or incomplete may be denied. A copy of a complete application will be forwarded to the appropriate divisions for review. Applicant will be contacted via email or phone as to the application status within ten (10) working days following the date of submittal of a complete application.

Date application received: _____ by: _____.

FOR COUNTY EVALUATION PURPOSES ONLY

Date reviewed: _____

Fire / EMS _____

Sheriff: _____

Public Works: _____

Tourism: _____

Zoning: _____

FINAL STATUS: _____

DATE: _____

If approved, permit number: _____