

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

11/07

APPLICANT INFORMATION		APPLICANT	
Name:		<input type="checkbox"/> Owns Property <input type="checkbox"/> *Rents Property <i>*if renting fill out this section</i>	
Business Name:		Owner's Name:	
Address:		Owner's Business Name:	
Phone:	2nd Phone or Fax Number:	Address:	
SPECIAL EVENT INFORMATION		Phone:	2nd Phone or Fax Number:
Date Requested:		Owner's Permission To Hold Event: X	
Property Address:		ADDITIONAL COMPANIES INVOLVED	
Name Of The Event:		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:	
		Contact Person:	
		Address:	
		Phone Number:	
		Activity or Involvement:	
		4. Business Name:	
		Contact Person:	
		Address:	
		Phone Number:	
		Activity or Involvement:	
APPROVAL RQUIRED FROM THE FOLLOWING DEPTS.		Applicant Signature: _____ Signature of Owner or Agent: _____	
Police Department:	Date:	X	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fire Department:	Date:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Building Department:	Date:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electrical Department:	Date:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Public Works Department:	Date:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

