



TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666
Tel: 508-349-7004 , Extension: 110 or 124 Fax: 508-349-5505

APPLICATION FOR PERMIT FOR ORGANIZED BIKE & ROAD RACES

Applicant: _____ **Email:** _____

Group Affiliation (If Any): _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell Phone:** _____

Type of Event (Please be **specific** as to number of persons, equipment to be used (if any), whether food or beverages will be served, parking arrangements, etc.):

Streets &/or Roads to be Used:

Date(s) and Hours Race/Event:

_____ **Day:** _____

Applicant is responsible for obtaining all necessary permits and inspections (see page 2)

If Town Beaches are being used the Use of Town Property MUST be completed in addition to this application. I, as applicant for the above, do hereby acknowledge that the town is exempt from any liability for this activity. I, as applicant for the above, additionally guarantee that the area to be used will be cleaned and left free of any debris at the completion of said activity.

Signature of Applicant

Date

Action by the Town Manager :

Date: _____

_____ Approved as submitted

_____ Approved with the following condition(s): _____

_____ Disapproved with the following reason(s): _____

Signature of the Town Manager : _____

APPLICANT IS RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS & INSPECTIONS

Health/Conservation Agent Signature: <hr/>	Building Commissioner Signature: <hr/>
Comments/Conditions:	Comments/Conditions:
Permits/Inspections needed:	Permits/Inspections needed:
Police Department Signature: <hr/>	Fire Department Signature: <hr/>
Comments/Conditions:	Comments/Conditions:
DPW Signature: <hr/>	Harbormaster Signature: <hr/>
Comments/Conditions:	Comments/Conditions:
Recreation and Beach Director: <hr/>	Other: <hr/>
Comments/Conditions:	Comments/Conditions:

EVENT NOTIFICATION FORM

Date: _____

Ms. Mary-Joe Perry
District Highway Director, District Five
MassDOT, Highway Division
1000 County Street
Taunton, MA 02780

Dear Sir:

Please be advised that the Grantee(s) of this Event _____ has notified the Board of Selectmen/City Council, Local Police Department, Local Fire Department and if applicable the State Police of its intention to conduct **road work/parade/race/ride** or other events impacting State Highways on Route(s) _____ in or through the City/Town(s) of _____ benefiting _____

The Grantee(s) of this Event understands that it must give the Police and Fire Departments at least 48 hours notice before the commencement of the proposed event.

The Grantee(s) must supply a Traffic Management Plan when the roadway is occupied and for all detours associated with said events to this Department and to all officials listed below. The Grantee(s) must notify the local and/or state police to set up a detour of this area with appropriate signs and barricades. The local Fire Department must be notified of the detour to ensure that measures will be taken to minimize disruption to the Fire Department's emergency service during the event. The Grantee(s) must also notify local media (newspapers, radio) of this proposed event.

The following signatures are required prior to the issuance of the Permit.

LOCAL POLICE DEPARTMENT

Signed: _____

Title: _____

City/Town: _____

FIRE DEPARTMENT

Signed: _____

Title: _____

City/Town: _____

BOARD OF SELECTMEN/CITY COUNCIL

Signed: _____

Title: _____

City/Town: _____

STATE POLICE DEPARTMENT

Signed: _____

Title: _____

City/Town: _____