

TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666
Tel: (508) 349-7004 Fax: (508) 349-5505

APPLICATION FOR PERMIT TO USE TOWN-OWNED PROPERTY

Applicant: _____ Email: _____

Group Affiliation (If Any): _____

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

Phone: _____ Cell Phone: _____

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

Town Property to be Used: _____

Date(s) and Hours of Use: _____ Day: _____

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

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. A fee of \$50.00 is to be submitted to the Town upon approval of the application by the Town Manager.

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: _____ Comments/Conditions: Permits/Inspections needed:	Building Commissioner Signature: _____ Comments/Conditions: Permits/Inspections needed:
Police Department Signature: _____ Comments/Conditions:	Fire Department Signature: _____ Comments/Conditions:
DPW Signature: _____ Comments/Conditions:	Harbormaster Signature: _____ Comments/Conditions:
Recreation & Beach Director: _____ Comments/Conditions:	OTHER: _____ Comments/Conditions: