

Town of Wilton
Application for Temporary Event Permit

Event: _____

Event Location: _____

Estimated Attendance: _____ Date/Time: _____

Applicant (Organization): _____ Contact Name: _____

Contact Phone #: _____ Contact Email Address: _____

Please obtain the signatures of department heads in the order shown below:

Building Inspector *: _____ Date: _____

Comments: _____

Health Director: _____ Date: _____

Comments: _____

Police Department: _____ Date: _____

Comments: _____

Fire Marshal: _____ Date: _____

Comments: _____

CFO/Controller (if on Town property): _____ Date: _____

Comments: _____

Parks and Recreation: _____ Date: _____

Comments: _____

Board of Education * (if on School property): _____ Date: _____

Comments: _____

Planning and Zoning: _____ Date: _____

Comments: _____

Office of First Selectman: _____ Date: _____

Comments: _____

Permit Issued (Date): _____

***Additional permits may be required from Building Inspector and Board of Education.**

OFFICE OF THE
FIRST SELECTMAN

Telephone (203) 563-0100
Fax (203) 563-0299

Email to: lynne.vanderslice@wiltonct.org



Lynne A. Vanderslice
First Selectwoman

Joshua S. Cole
Second Selectman

Kimberley Healy
Selectwoman

Basam Nabulsi
Selectman

Ross H. Tartell
Selectman

TOWN HALL
238 Danbury Road
Wilton, CT 06897

Application for Temporary Event Permit

By signing this temporary permit application form, you acknowledge that you have read, understand and will abide by the rules and expectations set by the Town of Wilton. Upon termination of the event, you agree to remove all structures, personal items, debris and litter, including any on-premise or off-premise signage. The property shall be left in a pre-event condition.

Failure to comply with these requirements and any conditions attached hereto, may result in the forfeiture of your posted performance bond and/or render your organization ineligible for future temporary permits.

Printed Name of Applicant

Signature of Applicant

Date