Print Form

SOLAR ECLIPSE EVENT PERMIT APPLICATION

GUIDELINES FOR REVIEW

1. The owner of record has signed the application.

2. Granting this permit will not contribute to an overburdening of County Services.

3. Granting this permit will not cause undue traffic, parking, population density or environmental problems.

4. Granting this permit will not impair the use of adjacent property.

5. Granting this permit will not detrimentally affect the public health, safety and welfare.

APPLICATION INSTRUCTIONS

PLEASE SUBMIT THE FOLLOWING:

1. A completed application form. Answer all portions and type or print your answer. Attach additional pages, if needed.

2. A site plan drawn at an appropriate scale with the following information:
   a. The perimeter and dimensions of the property.
   b. The names and locations of all streets, roads or highways on or contiguous to the property.
   c. The use and location of all structures on the property.
   d. Number, location, and designated camp spaces.
   e. Location of portable sanitary toilets and locations of garbage dumpsters

3. Unit Specifications:
   a. A minimum width of 25 feet per camp space must be maintained.
   b. Travel units must maintain a minimum 15 foot separation.
   c. Camp spaces must be of adequate length as to not restrict access to roads nor pose safety hazards due to visual limitations.
   d. Spacing between tents must be at least 15 feet.

4. Proof of ownership (copy of a recorded deed). The owner of record must sign this application for the application to be valid.

5. Any other information or materials relevant to the application or as requested by the Development Department.

6. For sites that will have five (5) or more units, contact the Casper-Natrona County Health Department.

Name of Owner *(must match the signature on page 3)*

Street Address Apt/Unit/Suite

City State Zip Code

Email Address

Daytime Phone Cell Phone

Name of Applicant/Responsible Party (*if different from Owner)*

Street Address Apt/Unit/Suite

City State Zip Code

Email Address

Daytime Phone Cell Phone

Event Details

☐ Parking ☐ Camping ☐ Music/Event ☐ Other (check all that apply)

Event Address Acreage

Event Location (Legal Description)

Anticipated Attendance

Please attach a copy of your overall layout and total acreage used for this event. Maps must include location of portable restroom facilities, tents, campers, parking, and any additional information pertinent to this application.

Please keep in mind that the approval of this permit: (*Please initial*)

- **Will be valid for one week prior and one week after the event;**
- **Can be revoked if deemed a nuisance;**
- **Quiet hours are from 9pm to 7am;**
- **You are responsible for properly disposing of all waste and garbage throughout the term of this event, and immediately upon conclusion of the event, the area must be returned to a clean condition;**

- **You are responsible for notifying those residents and businesses that may be impacted by your permit;** ☐
- **Cannot contribute to an overburdening of County Services;** ☐
- **Cannot impair the use of adjacent property;** ☐
- **Cannot detrimentally affect the public health, safety and welfare.** ☐
- Open burning and other fire related activities are prohibited. **The use of wood/charcoal fires, open fires or campfires, with or without rings, is strictly prohibited.** The use of propane, within an enclosed grill, and with an on/off valve is permitted. ☐
- No person shall throw or drop any lighted match, cigar, cigarette or other burning substance in combustible material (weeds or brush) or in the close proximity of combustible materials. ☐
- No smoking, except within an enclosed vehicle or building, a developed recreation site, or while stopped in an area of least 3 feet in diameter that is barren or cleared of all flammable material. ☐
- No discharging and detonation of fireworks and the use of firearms or tracer ammunition is prohibited. ☐
- Additional restrictions on allowed uses, in particular areas, may be imposed due to adverse weather, range and fuel conditions (i.e. Red Flag Days), at the discretion and advice of the County Fire Warden, Natrona County Fire District and Casper Mountain Fire District inclusive. ☐

I (We) hereby certify that I (We) have read and examined this application and know the same to be true and correct to the best of my (our) knowledge. Granting this request does not presume to give authority to violate or cancel the provisions of any State or local laws. All information within, attached to or submitted with this application shall become part of the public record. By signing the application I am (We are) granting the Development Department access to our property for inspections.

Owner: _____ Date: _____
(Signature)

Print Owner Name: _____

Applicant/Responsible Party: _____ Date: _____
(Signature)

Print Applicant/Responsible Party Name: _____

Office Use Only

Application Received: _____ Site Plan: _____ Start Date: _____ End Date: _____

Reviewed By: _____ Approved/Denied: _____ Site Visit (Post): _____ Health Dept.: _____