

Town of Kiawah Island

21 Beachwalker Drive, Kiawah Island, SC 29455

Phone number: 843-768-9166

**Special Event Application**

**Purpose**

**The special event form shall be used for all events that will be located outside of any permanent structure and have 100 or more persons in attendance. But only when the event includes erecting bleachers, grandstands, stages, tents, and membrane structures. Pyrotechnic events shall use this form regardless of the number of participants. This form shall be submitted 30 days prior to the event.**

**\*\* Only tents and membrane structures with the following dimensions require inspections:**

* **Enclosed tents 400 square feet or greater**
* **Open tents 700 square feet or greater**
* **Where cooking is involved either inside or outside of a membrane structure**

**An annual fee of 500.00 dollars shall be assessed July 1 of each year. This fee assessment is not applicable to those events that are assessed under the town’s ordinance as defined in section 2A of this document.**

**Application Approval Process**

Completed Special event Applications shall be submitted 30 days prior to the event to the Town of Kiawah Island building official. All applications shall be reviewed by the Town’s Special Event Committee. During the review process, the committee will work with the event organizer to discuss any questions and/or changes that may arise in order to complete the review process in a timely manner. **Please note that acceptance of this application and associated fees does not imply approval of event.**

Once the event is approved, the Special Event Committee will draft a written Memorandum of Understanding (MOU) to set the terms and conditions under which the event will be allowed to operate. The MOU will be delivered to the applicant. A signed copy of the MOU, along with other pending documents shall be returned to the town’s building official within 5 business days of initial receipt. Delays in providing these items will result in a delay of the review process and eventual approval. Due to changing components of an event, special event permits will issued 3 business days in advance of the event date. Special event placards shall be posted in plain sight.

The following documents will be necessary to complete the review process:

* Completed Special Event Application
* Liability insurance certificate
* Site plan sketch (drawn to scale, or provide measurements)
* Route and traffic plan (if applicable)
* Contract with Charleston County Sherriff’s office, Charleston County EMS (when required)
* Tent permits, signage, road closure, fireworks, alcohol, etc.
* Emergency evacuation plan (if applicable)
* Floor plan for all membrane/tent structure
* On the sketch plan show emergency vehicle access routing

**(1.A) Applicant information:**

Applicant name:

Organization:

Mailing address:

Name of contact person if other than applicant:

Day time phone number:

Email:

**Event information:**

Event name:

Event website:

Purpose of event:

Location:

Date of event:

Start time: End time:

Road closure begins: Date: Time:

Road closure ends: Date: Time:

Set-up begins: Date: Time:

Clean up ends: Date: Time:

Estimated attendance:

This event is: (check one) [] private

 [] open to the public

**(2A) Large events in excess of 1000 persons**

**In compliance with town zoning ordinance Section 4-323, promoters of large events within the corporate limits of the Town of Kiawah Island, who contract with numerous sub-contractors and vendors to provide products and services for profit associated with the event, shall be responsible for obtaining a business license for all vendors for a set fee as follows based upon the estimated and actual total attendance at the event:**

|  |  |
| --- | --- |
| **Attendees** | **License Fee** |
| **1000-2,499** | **$ 1,000** |
| **2,500-4,000** | **$ 2,500** |
| **5,000-9,999** | **$ 5,000** |
| **10,000-19,999** | **$ 10,000** |
| **20,000 and over** | **$ 20,000** |

**(3A) Safety/Security/Crowd Control**

**[] Not required for my event.**

**Applicant may be required to hire off-duty Charleston County Deputies to ensure security, public safety, and crowd control. For all events with 1000 persons or more, off-duty Charleston County Deputies shall be hired to provide crowd control. There shall be one deputy for every 250 persons. A contract shall be signed prior to issuance of a special event permit.**

**What type of security will be required?**

**[] Alcohol Security [] Event Area**

**[] Road Closures [] Money Handling Security**

**[] Stage Security [] Gate Security**

**[] Building Security [] Overnight Security**

**[] Crowd Control [] Other**

**When will police arrive? Date: Time:**

**When will police leave? Date: Time:**

**(4A) Restroom Facilities, Sanitation Needs, Property Clean- up**

Portable toilets shall be provided at a rate of (1) per 250 attendees, 10% of which shall be handicap accessible. Sanitation needs shall be the responsibility of the event organizer. Locations of all restroom facilities, garbage receptacles shall be identified on the sketch site plan. Property clean-up is the responsibility of the event organizer.

**(5A) Rain Plan:**

What is the rain plan for the event?

[] Event will continue as planned no alterations.

[] Event will be cancelled

[] Event will take place at an alternate location.

[] Event will take place at a date TBD

Please provide details of rain plan.

**(6A) Electrical requirements:**

**[] Electricity is not required for this event.**

Electrical service required beyond that which is generally available must be arranged and provided by the applicant. Restrictions may apply to specific sites. All electrical equipment and set up must comply with the current edition of the National Electrical Code as adopted by the State of South Carolina Building Codes Council. All electrical generators shall be a minimum of 20 feet from all tents, and shall have a perimeter barrier to prevent access by unauthorized individuals. Barriers may be as simple as caution tape outlining the area.

If yes how will electricity be provided?

[] Generators

[] Site specific receptacles and devices

[] other

|  |  |  |
| --- | --- | --- |
| **Use** | **Location** | **Voltage/Amperage** |
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**(7A) Entertainment**

**[] Does not apply to my event.**

Will your event include entertainment? [] yes [] no (If yes attach an event(s) schedule)

Will a stage be used? [] yes [] no

If yes how many?

Please indicate the location of all stages on your sketch plan and label each according to table below. Attach additional sheets if necessary.

|  |  |  |
| --- | --- | --- |
|  | Height | Size/sq. ft |
| Stage 1 |  |  |
| Stage 2 |  |  |
| Stage 3 |  |  |
| Stage 4 |  |  |
| Stage 5 |  |  |
| Stage 6 |  |  |
| Stage 7 |  |  |

Who is the vendor supplying stages?

Who is the vendor that is providing sound equipment?

***The Town of Kiawah Island reserves the right to limit the sound amplification equipment so it will not unreasonably disturb non-participating persons around the event. See the Town’s Noise Ordinance***

***(15-306) for more information. A special event permit should not be mistaken for acceptance of noise levels that exceed the Town’s Noise Ordinance.***

**(8A) Temporary Structures:**

**Temporary structures include all enclosed tents that are equal or exceed 400 square feet, bleachers, barricades, gazebos, arbors, or any such structure that is erected on site for purpose of the event. Consumer retail tents shall not be joined in any way. Open tents with a maximum square footage of 700 feet shall be exempt from inspection unless there is a cooking operation near or inside of the tent. All structures shall be inspected and approved prior to being made available for public use by St. Johns Fire Department personnel, Town of Kiawah Island Building Service Department personnel. All tents with cooking operations near or within the tent regardless of size, shall be inspected and approved before use.**

**Tents**

**[] tents will not be used during this event.**

**\*\* No smoking signs shall be posted inside of all enclosed tents.**

If tents are to be used who is the vendor?

Is the vendor responsible for set-up and removal? [] yes [] no

If the vendor is not responsible for set-up and removal who is?

**Please indicate the location of all tents on the site plan sketch. Include on the sketch plan the numerical number that corresponds with the table below. On the sketch plan include the size of the tent, and if cooking is going to take place within the tent or if there is a cooking station outside the confines of tent enclosure.**

**Tent placement on paved or concrete surfaces**

**Pavement Holes/Marring: Drilling into pavement or concrete is strictly prohibited. All tents placed on hard surfaces shall be anchored with sandbags, water barrels, or other weighted systems.**

**Attach additional sheets if necessary.**

|  |  |  |
| --- | --- | --- |
|  | **Size** | **Cooking yes/no** |
| **Tent 1** |  |  |
| **Tent 2** |  |  |
| **Tent 3** |  |  |
| **Tent 4** |  |  |
| **Tent 5** |  |  |
| **Tent 6** |  |  |
| **Tent 7** |  |  |
| **Tent 8** |  |  |
| **Tent 9** |  |  |
| **Tent 10** |  |  |
| **Tent 11** |  |  |
| **Tent 12** |  |  |
| **Tent 13** |  |  |
| **Tent 14** |  |  |

**Minimum Number of Means of Egress and Means of Egress width for all Temporary Structures.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Occupant load** | **Number of exits** | **Min. width of exits in inches (Tents)** | **Min. width of exits in inches (Membrane structures)** |
| **10-199** | **2** | **72** | **36** |
| **200-499** | **3** | **72** | **72** |
| **500-999** | **4** | **96** | **72** |
| **1000-1999** | **5** | **120** | **96** |
| **2000-2999** | **6** | **120** | **96** |
| **Over 3000** | **7** | **120** | **96** |
|  |  |  |  |

**Enclosed temporary structures**

***Exits shall be spaced equally around the perimeter of the tent or membrane structure. There shall be no travel distance to an exit in excess of 100 feet.***

***Enclosed tent and membrane structures shall be provided with illuminated exit signs for all tents with two or more exits. Emergency lighting shall be provided for all exit locations.***

**Tent separation distances**

***There shall be a minimum of 20 feet between all tents for access by emergency responders. This area shall be free of all guidelines or other obstructions.***

**(9A) Heaters, air conditioning, propane**

***Heaters/air conditioning shall at no time be placed within temporary structures.***

***Only heaters and air conditioning that are approved for membrane structures shall be used.***

***Construction type propane heaters shall be prohibited.***

***Propane containers shall be secured from accidental tipping and shall be placed a distance of 10 feet from all membrane structures. Propane tanks shall also be barricaded from public access.***

**(10A) Event Signage**

**[] Signage will not be used during this event.**

***All signage and placement shall be approved by Town of Kiawah Island management personnel.***

If signs are to be used who is responsible for removal? (Provide all contact information)

Please indicate the location and size of all signs and banners. Attach additional sheets if necessary.

|  |  |  |
| --- | --- | --- |
| **Description** | **Location** | **Size** |
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**(11A) Aviation Landings**

**Aviation landing are prohibited on Kiawah Island.**

**Exception:**

1. **President of the United States of America**
2. **Vice-President of the United States of America**

**(12A) Vendors**

***Vendors: prior to beginning operations on properties of Kiawah Island you must obtain a business license from the Town of Kiawah Island Business Licensing Department located at 21 Beachwalker Drive, Kiawah Island, SC 29455. For additional information, please call 843-768-9166.***

Will there be food vendors and/or cooking areas? [] yes [] no

Will food vendors be cooking with grease or an open flame? [] yes [] no

**List all vendors participating during this event, and all contact information.**

**Attach an additional sheet if necessary. Vendors who do not currently have a Town of Kiawah Business License must obtain a license prior the event.**

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| --- | --- | --- |
| **Name** | **Address and phone number** | **Business license number** |
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**(13A) Amusement rides and inflatables**

**[] Amusement rides and inflatables shall not be used during this event.**

***Amusement rides and inflatables require additional insurance, licensing, and inspection. The company providing these items will provide the Town of Kiawah with evidence of insurance.***

What is the name and contact information for the vendor(s) providing amusement rides and inflatables?

Please indicate on the site sketch plan where all rides and inflatables will be located. List the items numerically as

indicated in the table.

|  |
| --- |
| **Description** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |
| 9. |
| 10. |
| 11. |
| 12. |
| 13. |

**(14A) Alcohol Sales and Consumption**

**[] does not apply to this event.**

***It is illegal to serve alcohol beverages, unless a special SC Temporary Beer and Wine Permit is obtained for alcohol sales. If alcohol is to be sold during the event a copy of the vendor(s) license shall be submitted with this application.. Permit with serving hours must be posted.***

What types of alcohol will be available during the event?

[] Beer (B) [] Wine (W) [] Liquor (L)

Who are the vendors providing alcohol?

Please place the initials of the type of liquor to be provided by each vendor in the appropriate box.

|  |  |  |
| --- | --- | --- |
| Vendor name | Contact information | Type of alcohol providing |
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**Please indicate on the sketch site plan the location of all tents providing alcohol beverages. Please use the corresponding letter designation found on the table to identify tent locations.**

**Please attach additional sheets if necessary.**

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| --- | --- | --- |
|  | **Vendor** | **Size** |
| **Tent 1A** |  |  |
| **Tent 2A** |  |  |
| **Tent 3A** |  |  |
| **Tent 4A** |  |  |
| **Tent 5A** |  |  |
| **Tent 6A** |  |  |
| **Tent 7A** |  |  |
| **Tent 8A** |  |  |
| **Tent 9A** |  |  |
| **Tent 10A** |  |  |

**When will alcohol be served?**

**Start: Date: Time:**

**Finish: Date: Time:**

**(15A) First Aide/ Medical Services**

**[] First aid services will not be provided for this event.**

**If first aid is being provided what company will provide the services?**

**When will EMS arrive: Date: Time:**

**When will they depart: Date: Time:**

**Please indicate the location of all first aid tents and areas on the sketch site plan by using the designation (FA).**

**(15A) Hazardous materials and pyrotechnics**

**[] There will no hazardous materials or pyrotechnics during this event.**

**[] There will be hazardous materials as defined by this document at this event.**

**[] There will be pyrotechnics at this event.**

**Hazardous materials include the following:**

* **Deep fat fryers**
* **Propane**
* **Butane**
* **Gasoline**
* **Diesel Tanks**
* **Helium**
* **Portable Heaters**

**Pyrotechnics:**

***The company providing pyrotechnic service must submit an application to the State of South Carolina Fire Marshal’s Office for a State Fireworks permit and provide a copy along with this application. A site inspection of the launch area must be completed by St. Johns Fire District’s Fire Prevention Division. In addition the St. Johns Fire Department may determine the use of pyrotechnics on a case-by-case basis in times of severe drought.***

***An application for approval must also be submitted to the Town of Kiawah Island. There shall be 100.00 non-refundable fee accompanying the application submittal made payable to the Town of Kiawah Island.***

**What is the name of the company providing the pyrotechnics?**

**When will fireworks/pyrotechnics start? Date: Time:**

**When will fireworks/pyrotechnics end? Date: Time:**

**When will the Fire department arrive? Date: Time:**

**When will the Fire Department depart? Date: Time:**

**(16A) Site Plan**

**Provide a site sketch plan (drawn to scale or provide measurements) of the event depicting an overhead view of the entire event festivities, and area. When diagraming the entire event venue include street names and areas that will encompass the event. The plan should include the following information (if applicable):**

**[] Tents (include sizes) (X) [] Food vendors (FV)**

**[] Beverage vendor (BV) [] Alcoholic beverage vendors (A)**

**[] Portable toilets (T) [] Accessible toilet (AT)**

**[] Stages or amplified sound (SO) [] Bleachers (BL)**

**[] Retail merchants (RM) [] First aid and EMS (FA)**

**[] Garbage receptacles (G) [] Barricades (B)**

**[] Trailers, vehicles, storage facilities (ST) [] Fire lane (FL)**

**[] Signs or banners (S) [] Police (P)**

**[] Generator/electricity (E)**

**(17A) Route and Traffic Plan**

**[] Road closure will not be required for this event.**

***In the event of road closure, the event organizer is responsible for securing approval to close roads from Kiawah Island Community Association and/or Charleston County Sheriff’s Department. Please contact Charleston County Sheriff’s office for information regarding road closures.***

**Please indicate which of the following may affect traffic or normal use of the area.**

**[] Run/Race [] Walk**

**[] Bike [] Parade**

**[] Pedestrian Accessibility [] Participant Gathering**

**[] Other**

**Start location:**

**Finish location:**

**If your event involves road closures, parade, other procession, or more than one location, include a Route and Traffic Plan as part of the application submittal. Include the below required information and any additional information that applies to your event. When planning a moving route, the Charleston County Sherriff’s office and Kiawah Island Community Association are available to assist you in planning your route.**

**KICA phone number:**

**Charleston County Sherriff’s Department phone number:**

* **The proposed route shall include the requested start and termination point. Please also clarify the direction of movement of your event.**
* **Routing plans for traffic: Illustrate a plan to include roads that you are requesting to be closed to vehicular or other traffic for your event. Include planned arrangements to resolve conflicts with people trying to reach residences, businesses, and public facilities.**
* **Whether the event will occupy all or a portion of the street(s) requested for use.**
* **Proposed locations for barricades, signs, and police/volunteers. This portion of your Route and Traffic Plan may be supplemented with the assistance of the Charleston County Sherriff’s Department.**

***Please note: Charleston County Sherriff’s Department and Kiawah Island Community Association has the final discretion over your Route and Traffic Plan, including but not limited to the placement and number of barricades, signs, and police/volunteer locations.***

**Indicate which roads are to be closed. Attach additional sheets if necessary.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Street Name** | **Section of Street to Close** | **Date/Time to Close** | **Date/Time to Open** |
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***Applicant must post “No Parking” signs along roads where public parking spaces exist within the event site. Signs need to be removed at completion of the event.***

**(18A) Events that affect the areas residents**

**Event organizers shall be responsible for notifying area residents of the event, road closures, and any other event activities that may adversely affect area residents. An outline identifying how local residents are to be notified shall be part of this application submittal.**

**(19A) Hold Harmless Clause**

**Permittee/organization hereby shall assume all risks incident to or in connection with the permitted activity and shall be solely responsible for damage or injury, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the permitted activity or the conduct of permittee’s operation. Premittee hereby expressly agrees to defend and save the Town of Kiawah Island, Kiawah Island Community Association from any penalties for violation of law, ordinance, or regulation affecting its activity and from any claims, suits, losses, damages or injuries directly or indirectly arising out of or in connection with the permitted activity or conduct of its operation or resulting from the negligence or intentional acts of omissions of permittee or its officers, agents and employees.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature Date**

**Authorization**

***I confirm that the information provided in this application and all attachments is true to the best of my knowledge.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature Date**

**Review Committee Use Only**

**Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Approved? [] yes [] no**

**If yes, MOU Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed MOU Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reviewer’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**