



**PARK COUNTY APPLICATION FOR
OUTDOOR EVENTS PERMIT**
(Please Type or Print Legibly)

Mail Application to: Park County Planning Department;
P.O. Box 1598; Fairplay, CO 80440

Date Submitted: 5/14/2015

Date of Completeness Determination: _____

- Application fee of \$ N/A paid with note: notification of event < 150 people.
 Cash Check # _____ Other _____

- Proof of ownership of the property on which the event is taking place, in the form of a recorded Warranty Deed. This can be obtained at the Park County Clerk and Recorders office.
- Tax receipt showing payment of current property taxes. This can be obtained at the Park County Treasurer's office.
- An Agreement for Payment of Development Review Expenses may be required if the anticipated review costs will exceed the set fee.

EVENT DESCRIPTION

- Full Name of Event:
Bailey Fest
- Additional Names of Event (AKA):

- Set Up Duration:
 - Start Date/Time: 8/14/2015 Completion Date/Time: 8/16/2015
 - Maximum number of people on site: 149
- Event Duration:
 - Start Date/Time: 8/14/2015 Completion Date/Time: 8/16/2015
 - Maximum number of people on site: 149

expect ~ 100 ish

- Tear Down/Clean Up Duration:
 - Start Date/Time: n/a Completion Date/Time: nyk/
 - Maximum number of people on site: _____

- Years and Location Event Previously Held:
 - 2014 - cancelled due to water flows
 - 2011-2013 - held at Berger Land property, 2010 held on public land

- Tax Parcel(s) (Schedule Number(s)) where event will be held:
 - _____

- Complete legal description of the property for the proposed event (attach additional page as needed):
 - Berger Land Company Property - Ganger meadow near
 - estabrook

- Property Physical Address:
 - no address -

- Nearest Town to Event Location:

<input type="checkbox"/> Alma	<input type="checkbox"/> Fairplay
<input checked="" type="checkbox"/> Bailey	<input type="checkbox"/> Guffey
<input type="checkbox"/> Como	<input type="checkbox"/> Lake George

- Total Acreage of the property: multi-acre field

- Applicant Name: Ian Foley
 - Applicant's Physical Address:
 - 1524 South fillmore street
 - Denver, CO 80210
 - Email Address: ianfoleyiii@hotmail.com
 - Event Contact: Ian Foley
 - Title: Bailey Fest Organizer
 - Phone: 303-907-1373
 - Email: ianfoleyiii@hotmail.com

• Property Owner Name: Bart Berger

○ Owner's Physical Address:

P.O. BOX 300446

Denver, CO 80203

○ Email Address: wbb@wbberger.com

○ Owner Contact: Bart Berger

○ Title: Berger Land Co President

○ Phone: 303-898-2278

○ Email: _____

• Event Description (be very specific, attach additional page(s) as necessary):

Camping on Berger land during water releases on
NF South Platte. Kayakers paddle river. Event is for
camping for group of kayakers

• Purpose of Event:

Kayaking & Fun.

• Expected Attendance:

151-500 501-1,000 1,001-2,000 2,001-3,000 0-149

▪ Associated Activities

Live Music

Food Vendors / Number: _____

Alcohol Vendors / Number: _____

Merchandise Vendors / Number: _____

Camping

Athletic Events (specify): _____

Animals / Livestock (specify): _____

Fireworks

Open fires / campfires

- Carnival Rides (specify): _____
- Other (specify): _____

EMERGENCY SERVICES

1. Law Enforcement & Security

- Name of security service Vendor: N/A
- Vendor Contact Name: _____
- Vendor Contact Phone: _____ Email: _____
- Copy of contract with vendor.
- See plan requirements.

2. Fire Protection

- Name of fire protection vendor: N/A
- Vendor Contact Name: _____
- Vendor Contact Phone: _____ Email: _____
- Copy of contract with vendor.
- See plan requirements.

3. Medical Services

- Name of Medical Service Vendor: N/A
- Vendor Contact Name: _____
- Vendor Contact Phone: _____ Email: _____
- Copy of contract with vendor.
- Supervising Physician Medical Director Name: _____
- Medical Director Contact Phone: _____ Email: _____
- Attach letter from Physician Medical Director confirming responsibility for all persons providing event medical care
- On-site Medical Service providers:
 - Physician #: 1-2
 - Nurse #: 2-4
 - Physician Assistant #: _____
 - Paramedic #: _____
 - EMT #: 2-4

} Participants with medical experience in attendance

- Number of on-site ambulances: _____

SANITATION & WATER

- Name of Sewage Disposal and Toilet Facilities Vendor: Columbia Sanitary
Vendor Contact Name: _____
- Vendor Contact Phone: _____ Email: _____
- Name of Waste Collection & Removal Vendor: _____
- Vendor Contact Name: _____
- Vendor Contact Phone: _____ Email: _____
- Copies of vendor contracts.
- See plan requirements. *Planning on multiple porties per normal event guidelines*

I have read and understand the above conditions, requirements, and considerations. My organization and I agree to abide by them. Further, I will insure that no resident in the area of this event will be denied access to his or her residence or place of business as a result of this event. I recognize that failure to comply with conditions, requirements, and considerations set herein shall result in this permit being revoked, and all applicable fees forfeited. Applicant agrees to indemnify the County, its officials, agents, and employees and other participating governmental entities from any and all liability, damage, loss, cost or expenses, including attorneys' fees, incurred as a result of claims brought against them by any person or entity, and arising either in whole or in part as a result of this special event.

The undersigned applicant and landowner hereby verify and affirm that the information contained in this application is complete and accurate. The undersigned applicant and landowner understand and acknowledge that the submission of inaccurate and incorrect information may result in the denial or rejection of the application and/or result in the invalidation of any approvals issued by Park County, Colorado.

We, the undersigned, acknowledge that the Outdoor Event operator and property owner shall be jointly and severally responsible for meeting the provisions of these standards and regulations, assuring that attendance does not exceed the maximum approved, for operational maintenance, for the clean, safe and sanitary condition of the grounds, sanitary facilities and other service equipment; fully implementing the fire, safety and medical plans; cooperating with law enforcement, medical personnel and fire safety staff; complying with all federal, state and local laws; and fully implementing the noise reduction, crowd control and traffic safety plans.

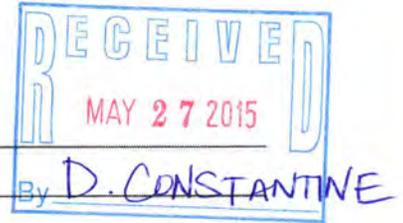
We understand that, in addition to any fines or penalties assessed under any other law or regulation, event organizers and landowners will be liable for all violations of the noise ordinance, State regulation, and/or noise limits applicable to the Outdoor Event, in the following amounts:

1. \$500 for the first offense, and
2. \$10,000 for the second offense and each subsequent offense.

We further understand that the permit may be revoked by an administrative decision finding that:

- a) The Outdoor Event has failed to comply with any condition of the Outdoor Event Permit and the applicant has not remedied the failure immediately following notification by

Additional Conditions



Park County

Sheriff's Office: _____ Denial _____ Approval _____ With Attached Stipulations
Comments:

Sheriff or Designee Date

Road & Bridge: _____ Denial _____ Approval _____ With Attached Stipulations
Comments:

Director or Designee Date

County Administration: _____ Denial _____ Approval _____ With Attached Stipulations
Comments:

Chief Administration Officer or Designee Date

Emergency Services

Fire District: _____ Denial _____ Approval _____ With Attached Stipulations
Comments:

Chief or Designee Date

Ambulance District: _____ Denial _____ Approval _____ With Attached Stipulations
Comments:

Chief or Designee Date

State Patrol: _____ Denial _____ Approval _____ With Attached Stipulations
Comments:

Captain or Designee Date