



SEP# _____

LARGE SPECIAL EVENT APPLICATION

A Large Special Event means an event expected to draw more than 1000 people or exceeds 4 days in duration. A Special Events Emergency Contingency Plan (SEECF) will be required for events exceeding 500 patrons.

Note: This application must be submitted to the Special Event Coordinator at least 120 days (4 months) prior to event date. Special Event Permit fees are due at submittal.

Section 1: Applicant Information

Event Title: Polarfest

Special Event Owner/Sponsor ("Owner"): Carrie Ribeiro

(This will be the name listed on the insurance.)

Address: _____ City: _____ St: _____ Zip: _____

Email address: Carrie@polarfest.net or info@polarfest.net

*Telephone: 602 684 5489 Cell: 602 684 5489

Web Address: www.polarfest.net

Contact Person (Coordinator): Carrie 602 684 5489 or Netty 603-341-2909

Section 2: Property Information

Event Location Name: J Combs Middle School

Property Owner: J Combs Unified School District

Address: 37611 N. Pecon Creeks Dr City: STV St: AZ Zip: 85140

Phone Number: 602 214 4195 Email: belly=kguentad@jcombs.org

Parcel Number (s): _____

Current Property Use: Elem. school

Section 3: General Event Information

Purpose and Description: Community festival/Carnival

Event Category (check ALL that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Bicycle/Foot Race | <input type="checkbox"/> Dance | <input type="checkbox"/> Parade |
| <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Festival/Celebration | <input type="checkbox"/> Motorized vehicle race |
| <input checked="" type="checkbox"/> Carnival/Amusement Rides | <input type="checkbox"/> Wine tasting/food | <input type="checkbox"/> Tent Revival |
| <input type="checkbox"/> Circus | <input checked="" type="checkbox"/> Inflatable/Jumpers | <input type="checkbox"/> Art Show |
| <input checked="" type="checkbox"/> Concert/Performance
<u>school band</u> | <input checked="" type="checkbox"/> Market/Sales | <input type="checkbox"/> Other: _____ |

Please attach a site plan(s) showing all pertinent event features such as parking areas, tents, structures, vendor locations, location of portable restrooms and showers, carnival rides, camping areas, security staging, medical stations, helipads, ingress and egress routes, major adjacent streets or highways, railroads or washes, band or recreational centers, seating areas, and fireworks shows. Be as complete and detailed as possible as this will explain the layout of your event to many departments.

Event Start Date: 12.10.16 Event End Date: 12.10.16

Event Hours of Operation: 11:00 am - 7pm

Setup Date: 12.10.16 Time: 12:00-12:30 Dismantle Date: 12.10.16 Time: 7pm-9pm

Anticipated Attendance: Per Hour (peak) 400 Per Day total: 2500

Is there entertainment associated with your event? Yes No

If Yes, please indicate the types of entertainment

(Check all that apply):

- school Live Music
- Theatrical Performance
- Disc Jockey (DJ)
- Dancing
- Children's Activities
- Other: _____

Will there be ADA accessible parking and pedestrian aisles throughout your event? The aisle should include accessibility to food areas, restrooms, and parking lots? Yes No

Will you be constructing any temporary structures for your event such as stages, towers, bleachers or platforms?

Yes No mobile stage

Will you have any tents? Yes No What sizes and how many of each? 10x10 canopies

Does your event require electricity? Pop-ups Yes No

What type of electrical will be supplied?

- Metered
- Generators (how many? 5)
- Extension cords
- Spider box

Section 4: Public Works-Street or Right-of-Way Information

Does your event utilize any county rights-of-way, causes any detours or closures? Yes No
(You may be required to obtain a Rights-of-Way permit from each jurisdiction.)

If yes, please ATTACH a traffic control plan, which indicates all streets you are requesting to use and/or close. Date(s) of use: _____

Does your event utilize a state highway for access or as part of the event? Yes No
If yes, a copy of the Arizona Department of Transportation (ADOT) permit must be included with this application.

At the discretion of the Public Works Department, applicant may be required to provide the following:

- Site map/route map of event including date and time of event.
- Traffic control plan in concurrence with the latest edition of the Manual on Uniform Traffic Control Devices (MUTCD). Include the name and number of the person responsible for the set up and maintenance of traffic control.
- Proof of insurance.
- Contact information for event emergency contact.

Section 5: Air Quality Information

Will your event utilize any dirt or graveled roadways, entrances, or parking areas (including overflow)?

Yes No If "yes", complete the Air Quality Special Event Checklist available at:

<http://www.pinalcountyz.gov/AirQuality/Documents/Dust/Special%20event%20application.pdf>

Call 520-866-6929 for more information.

will be ready like last year Cemex Property.

Section 6: Alcoholic Beverage Information

Will participants be allowed to bring alcoholic beverages to your events? Yes No

Does your event utilize on site SALE of alcoholic beverages? Yes No

If yes to either of the above questions, please select all that apply: Liquor/Spirits Beer Wine

Have State permits for selling alcohol been applied for? Yes No

Information regarding a liquor license can be found at <http://www.azliquor.gov/licensing/>.

Has permission been granted by property owner to allow sales of alcohol on site? Yes No

Section 7: Environmental—Food

Will your event have any food booths where food is being prepared/cooked? Yes No

If yes, how many food booths? 5

Which of the following services will be supplied to or utilized by the food vendors?

Water Electricity Grease disposal Garbage disposal Appropriate Fire Extinguishers
 Propane

You will be required to submit to Pinal County Environmental Health at least 2 weeks prior to the event temporary food booth permits for each food vendor. NOTE: If you are using any food vendors from outside Pinal County, they will be required to obtain temporary food vendor permits also.

<http://pinalcountyz.gov/EnvironmentalHealth/Pages/Documents.aspx>

Section 8: Aquifer Protection-Sanitation

Will there be portable showers at this event? Yes No Will there be portable restrooms on site? Yes No

If yes, # of showers: _____ Fully contained? Yes No Grey water removal? Yes No

Will permanent structure restrooms be utilized for this event? Yes No

If yes, please provide the number of fixtures: Toilets 18 Urinals _____ Sinks _____

Will restrooms be provided in adjacent building (s)? Yes No

Total number of: portable restroom units: V/A ADA portable restroom units _____ Portable Restroom Unit Provider: _____

Total number of trash cans: 125 Dumpsters 2

Please ATTACH an agreement between your organization and portable restroom provider that includes the number of restrooms to be provided. Please note that for events held in parks, portable restrooms must be removed in a timely manner after the event.

Section 9: Fireworks, Open Fire and Camping Information

Does your event include the use of fireworks (i.e. fireworks, rockets, lasers, or other pyrotechnics)? Yes No

If Yes, you will be required to obtain a fireworks permit from Pinal County Board of Supervisors prior to all fireworks exhibitions. Please describe pyrotechnics use: _____

Will your event have overnight camping? Yes No Number of campsites: _____

Will your event include any open fires (i.e. campfires, bonfires, etc)? Yes No

Note: Bonfires require a government agency sponsor; campfires must be less than 3 feet in diameter and 2 feet in height. Please describe types of fires that are planned: _____

***If your event will have fireworks and/or open fires you will be required to have on-site fire protection services from a fire department. Please provide a signed copy of the fire protection services contract with this application.

Section 10: Security and Medical Plan

Have you contacted Pinal County Sheriff's Office (PCSO) regarding the requirements for obtaining Deputies or private security staff to provide security for your event? Yes No

Do you have a contract in place for their services? Yes No

Please include a copy of all contracts with this application. Note: PCSO may require you to sign a contract for their services.

Number of PCSO personnel: 2 Number of private security personnel: 6

Has the sponsor contracted with a medical provider, such as an ambulance provider, a fire department or a private medical provider, for medical support for your event? Yes No

***If yes, please provide a copy of all contracts from the medical providers. The contracts must include 24 hour emergency contact information for on-site medical supervisors; number, size and operation hours of the medical stations; number of ambulances; number of personnel and work schedule; type of medical equipment and supplies utilized by medical personnel for the event.

Emergency contact for medical service provider DURING event: Name Luther Moorehead Number 480-600-3398

Please indicate the following:

Total number of medical personnel for the event: _____ Number of Paramedics: _____

Number of EMTs: _____ Number of ambulances: _____ Number of helipads: _____ GPS coordinates of helipads: _____

Number of medical stations: _____ *Medical station shall provide basic necessities such as water, a place to lie down, a tent for protection, heating and/or cooling, etc.*

Mobile Medical Teams (a medical team = 1 Paramedic and 1 EMT)

Number of foot teams: _____ Number of cart teams: _____ Number of bike teams: _____

Luther Moorehead will give these details - like he normally does
Please note that Emergency Management and Public Health will work with you to create an efficient medical and emergency plan for your event.

Section 11: Insurance Requirements

The Pinal County Risk Manager will determine insurance requirements for a special event following receipt of a special event permit application. Insurance requirements apply to event vendors, amusement ride companies and fireworks producers and well as owners/sponsors. Requirements will depend on hazards associated with the specific event.

Required insurance shall be provided by companies licensed in the State of Arizona with a current AM Best, Inc. rating of A VII or better. **Pinal County shall be named additional insured on all insurance policies except workers' compensation. Coverage's shall be primary and non-contributory with respect to any other insurance available to Pinal County and shall include a waiver of rights of recovery or subrogation against the County, its officials and employees for any and all claims, damages, losses, liabilities or expenses relating to, arising from, resulting from, or alleged to have arisen or resulted from, the Event. Original copies of certificates of insurance and additional insured endorsements must be received by Risk Management at least two weeks prior to the event.**

Minimum insurance requirements for any event requiring a special permit are listed below. Insurance requirements of Pinal County do not limit the indemnity provisions of this agreement. Pinal County does not represent that the required insurance is adequate to protect the interests of an event owner/sponsor, producer, vendor or any other person or entity.

Minimum Insurance Requirements

Commercial general liability (occurrence form) including contractual liability: \$1,000,000 per occurrence and \$2,000,000 annual aggregate

Other liability insurance if applicable:

Liquor Liability

Small Event: \$1,000,000 per occurrence

Large Event: \$3,000,000 per occurrence

Very Large Event: \$5,000,000 per occurrence

Fireworks Production: \$3,000,000 per occurrence

Carnival/Amusement Rides: \$3,000,000 per occurrence

Automobile liability covering any automobiles or trucks used for the event: \$1,000,000 per occurrence

Workers' Compensation Insurance: Statutory limits and including Employer's Liability insurance of \$1,000,000 each accident, \$1,000,000 each disease and \$1,000,000 disease.

INDEMNIFICATION:

In consideration of the approval of a special event permit by Pinal County, the Special Event Owner/Sponsor ("Owner") shall indemnify, defend, save and hold harmless Pinal County, its officials, agents, employees and volunteers ("County") without limitation from and against any and all claims, actions, liabilities, damages, losses, or expenses including court costs, attorneys' fees, and costs of claim processing, investigation and litigation caused, or alleged to have been caused, in whole or in part, by the acts or omissions of Sponsor or any of its owners, directors, employees, agents, contractors or volunteers. It is agreed that Sponsor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. Owner agrees to waive all rights of subrogation against County for losses arising from the Special Event.

Section 12: Signature

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the Pinal County Special Event Ordinance, and I understand that this application is made subject to the rules and regulations established by Pinal County. I agree to comply with all other requirements of the County, State and Federal Government and any other applicable entity that may pertain to the use of the Event venue and the conduct of the Event

Special Event Owner/Sponsor ("Owner"): Carrie Ribeiro / Polarfest

Carrie Ribeiro (Print) Signature:

Date: 7.31.2016

Pinal County Special Event Coordinator: _____ Date: _____

Chairman
Pinal County Board of Supervisors

ATTEST:

Clerk of the Board



Air Quality Special Event Checklist

This constitutes a checklist of issues that pertain to the duty to take reasonable precautions to prevent fugitive dust, required by District Rules §4-2-020 thru 4-2-050. While this review may assist, actual compliance with those "reasonable precaution" obligations can only be assessed by observation during the event. Additional measures may be requested and enforcement action may result if actual measures taken do not measure up to the "reasonable precaution" standard.

●
 Applicant's Name (Please type or print)

●
 Name of the Event (Please type or print) Company Name (Please print)

●
 On site contact name (this person must be available on site during the event)

●
 On site contact cell phone number Parcel # for Event Location
 Book Map Parcel

●
 Address of event City Zip Code

●
 Applicant's Signature Date

DESCRIPTION OF EVENT

- Please provide the dates of your event:
- Please provide the time of day for each event:
- How many people are expected to attend?
- How large of an area will be utilized for the event? (Square footage or acreage)
- How large of an area will be utilized for parking? (Square footage or acreage)
- What type of surface is the parking area? Paved Dirt Other
- What type of surface are the roads leading to the event? Paved Dirt Other
- What length of *dirt* road will be utilized by people attending the event? (miles)
 Cemex will water Rd and will be closed to assist us

9. Will bonfires or campfires be allowed? Yes No

- **Bonfires** require a governmental agency sponsor.
- **Campfires** must be less than 3 feet in diameter and 2 feet in height.

CONTROL MEASURES & WORK PRACTICES

1. Will water trucks be used? Yes No

2. Where will these water trucks be used? Cemex will water henworthy per your request

- ◆ Length (miles) of road to be watered: quarter mile
- ◆ Square footage or acreage of parking area to be watered: quarter mile
- ◆ Amount of other areas to be watered: WPA

3. List the size of each water truck to be used. (Gallons)

1 7500 2 3 4 5 6

4. List the schedule for each water truck. (Time of day or attach a schedule)

1 8am 2 12pm 3 2pm 4 4pm 5 6pm 6 7pm

5. How will the water trucks be filled? (Example: On site well, fire hydrant, Central Arizona Project water)

Onsite @ Cemex

6. Have the appropriate permits/permissions been obtained for the water usage? Yes No

7. Will dust palliatives or soil stabilizers be used? Yes No Cemex If yes, list type/trade name:

8. How large of an area will soil stabilizers be applied to?

WPA Describe location

9. Describe any additional control measures. (Example: Plant grass in parking areas)

10. How large of an area will these additional control measures be applied to?

quarter mile Describe location

PINAL COUNTY AIR QUALITY USE ONLY

The control measures listed appear to be sufficient, although additional control measures may be requested during the event.

The control measures listed do **not** appear sufficient. The additional control measures listed below will be required.

Reviewer's Signature

Date

**PINAL COUNTY DEVELOPMENT SERVICES
BUILDING PERMIT APPLICATION**

Building Permit # _____

TYPE OF APPLICATION: Event/Polartest COMMERCIAL _____ RESIDENTIAL _____ TENANT IMPROV _____ REMODEL/ADDITIONS _____ DEMO _____

JOB/STREET ADDRESS: 37611 W. Pecon Creek Dr. _____

ASSESSOR'S PARCEL #: BOOK _____ MAP _____ PARCEL _____ MLD# (IF APPLICABLE) _____

LEGAL DESCRIPTION: SUBDIVISION to Combs Middle School UNIT/BLOCK _____ LOT _____
SECTION _____ TOWNSHIP _____ N/S, RANGE _____ E/W, SIZE OF PARCEL _____

PROPERTY OWNER(S)/RENTER/TENANT to Combs Unified SD PHONE 10221441095

MAILING ADDRESS 37611 W. Pecon Creek Dr CITY SIV ST A2 ZIP 85140

BUILDER/CONTRACTOR LJA PHONE _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

LICENSE # & CLASS _____

CLASS OF WORK: NEW _____ ALTERATION _____ ADDITION _____ ESTIMATED VALUE \$ _____

SETBACKS (FROM EAVES): FRONT _____ LEFT SIDE _____ RIGHT SIDE _____ REAR _____

*The setbacks should be measured from either the **property line** or **future road right-of-way**, whichever is **more** restrictive.*

HEIGHT OF BUILDING _____ ARE THERE ANY OUTDOOR LIGHT FIXTURES ON BUILDING?? YES NO

IS THERE A WASH/ WATER COURSE ON THE PROPERTY? YES NO INITIAL _____

IF YES, WHAT IS THE DISTANCE FROM BUILDING? _____

A ONE TIME FEE OF \$20.00 MAY BE ASSESSED TO ALL PERMITS FROM THE PINAL COUNTY FLOOD CONTROL DISTRICT (FOR REVIEW OF WASHES, FLOOD PLAIN, FISSURES AND REGIONAL ROUTES) PAYABLE AT THE TIME OF PERMIT PICKUP.

RESIDENTIAL/COMMERCIAL SQUARE FOOTAGE: BASEMENT _____ 1ST FLOOR _____ 2ND FLOOR _____ GARAGE _____

CARPORT/PORCHES _____ TOTAL SQUARE FOOTAGE _____ # OF STORIES _____ # OF BEDROOMS _____

ADDITIONS SQUARE FOOTAGE: LIVABLE _____ GARAGE _____ REMODEL _____ CARPORT/PORCHES/ENCLOSURES _____

UTILITIES: SEWER _____ SEPTIC _____ GAS _____ LPG _____ ELEC _____ WATER _____ WELL _____

SANITARY DIST/ CLEARANCE #: _____ GAS CO: _____ ELECTRIC CO: _____

EXISTING USE: School **PROPOSED USE:** Event for today Dec 10th Polartest

NOTE: (For FBB or temporary trailers, must provide Unit Serial# and FBB Insignia#) SERIAL# _____ INSIGNIA# _____

OFFICE WHERE YOU WANT TO PICK UP PERMIT: FLORENCE _____ CASA GRANDE _____ APACHE JCT _____ ORACLE _____

CONTACT PERSON (WHO DO WE CONTACT WHEN PERMIT IS READY FOR PICKUP AND/OR QUESTIONS?):

NAME Carrie Ribeiro PHONE 10221445489

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF THE ACTUAL CONSTRUCTION. I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION AND ALL RELATED SUBMITTALS ARE TRUE AND CORRECT.

Carrie Ribeiro
PRINT NAME PLEASE

X Carrie Ribeiro
SIGNATURE OF OWNER/ AGENT

7-31-10
DATE OF APPLICATION

SPECIAL CONDITIONS: _____

FOR OFFICE USE ONLY			
ADDRESS	YES NO	ADDRESS FEES	_____ P/D _____
AREA	N S E W	ZONING FEES	_____ P/D _____
DISTRICT	1 2 3		
FLOODZONE	_____	SUBMITTAL FEE	_____ REC _____
NON-CONF	_____	PLAN CHECK	_____ REC _____
ZONING	_____	PERMIT FEE	_____ REC _____
INSPECTOR	_____		
IN-HOUSE	_____		
ZONING CLEARANCE FOR SEPTIC ISSUED	YES NO		
FIRE DISTRICT NOTIFICATION: _____			
TYPE OF CONSTR.		_____	
OCCUP. CLASS		_____	
PLANS EXAMINER		_____	
ACT. VALUATION		_____	
OCCUPANT LOAD		_____	
SPRINKLERED? Yes or NO		_____	
ECD:		_____	



PINAL COUNTY
wide open opportunity

Environmental Health Services Special Event Notification

(To Be Completed by Event Coordinator)

Name of Event: Polarfest

Event Duration: 12.10.16 to 12.10.16 Note: Events may be no longer than 14 consecutive days.
Month/Day/Year Month/Day/Year

Hours of Operation: 11am - 7pm

Type of Event:

- Special Event** – a transitory public gathering that takes place at a specific location for a specific purpose that is associated with a fair, carnival, parade, circus, public exhibition, holiday celebration, or trade show.
- Tasting Event** – events including but not limited to wine tastings, BBQ competitions, and chili cook-off's, in which an entrance fee entitles the consumer to food service in conjunction with the event and where there is no point of sale directly at the booths.
- Grand Opening** – one-time events celebrating the opening of a new business.
- Fundraiser** – one-time events where funds are raised for bona-fide charitable organizations.
- Transitory Sporting Event** – one-time events such as annual soccer tournaments, baseball playoffs, etc.

Event Location Name: Jo Combs Middle School

Event Address: 37101 W Peoran Creek dr STV 85140

Event Contact Person / Food Coordinator: Carrie Ribeiro E-Mail: Carrie.Digitized@com

Sponsoring Organization: Jo Combs Unified School District Phone #: 602.214.4695

Sponsoring Organization Address: 37101 W Peoran Creek dr STV AZ 85140

Expected Number of Food Booths: 5 Expected Number of Mobile Food Vendors: 5

Please include a map of the event site with the location of the following indicated:

- Food Booths
- Restroom Facilities
- Hand washing Areas

The following services will be provided to all vendors:

- Water
- Waste Water Disposal
- Electricity
- Grease Disposal
- Garbage
- Toilets # 18 inside school

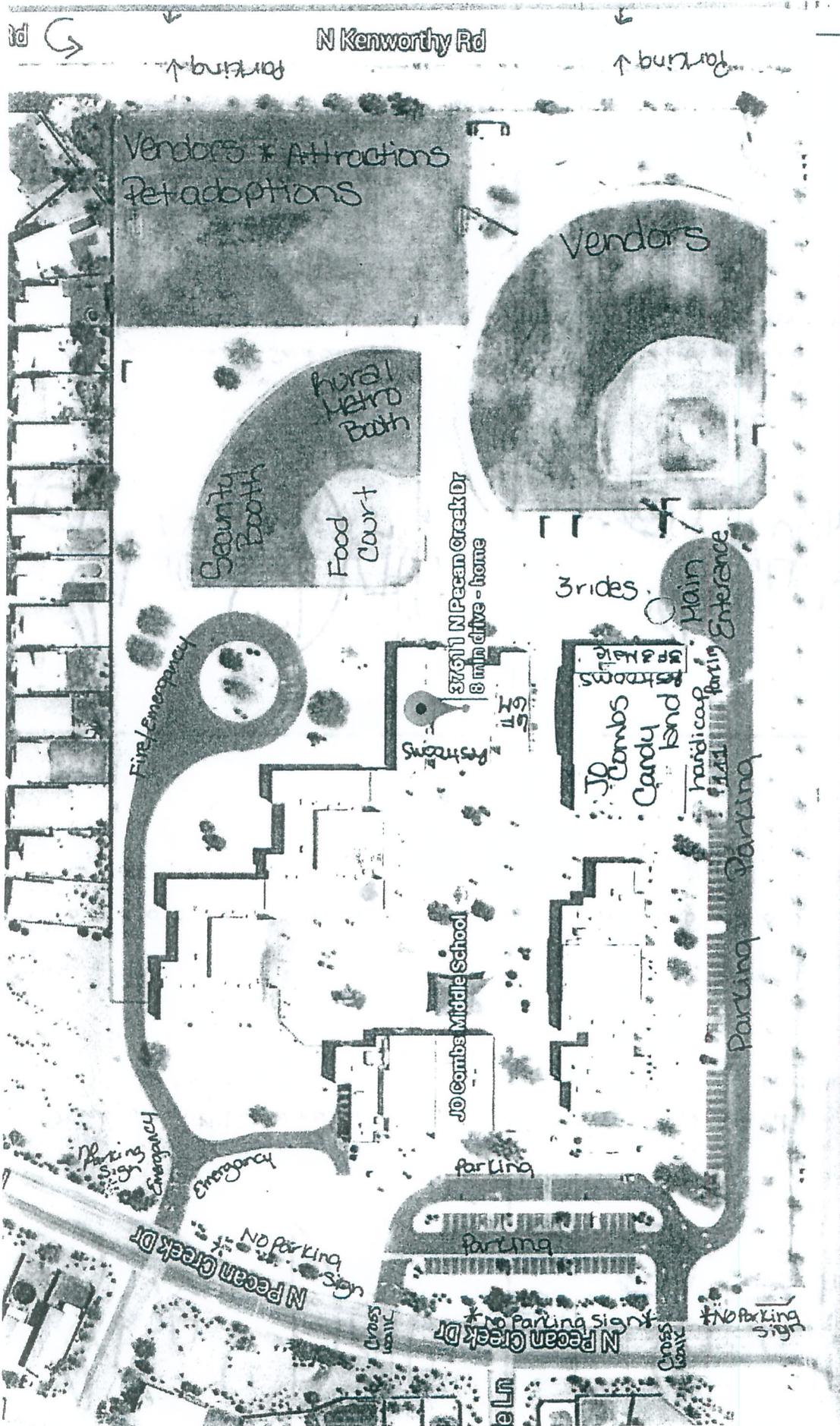
FOR DEPARTMENTAL USE ONLY

EFT- _____

Date Application Submitted: _____ Application Received By: _____

Approval: Recommended Denied

Notes (Reason for Denial): _____



- Come & closed
- Will water Kenworth
- * NO Parking Sign (6 total)
- 1 - Handicap parking
- 2 - Cross walks

Note: We will stick to last year's setup & suggested sign areas as well as Emergency entrance. NO parking, handicap, parking, & cross walks.