

# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: (508) 349-7004 Fax: (508) 349-5505

## APPLICATION FOR PERMIT TO USE TOWN-OWNED PROPERTY

Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

Group Affiliation (If Any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type of Activity (Please be **specific** as to number of persons, equipment to be used (if any), whether food or beverages will be served, parking arrangements, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Town Property to be Used: \_\_\_\_\_

Date(s) and Hours of Use: \_\_\_\_\_ Day: \_\_\_\_\_

**Applicant is responsible for obtaining all necessary permits and inspections (see page 2)**

I, as applicant for the above, do hereby acknowledge that the town is exempt from any liability for this activity. I, as applicant for the above, additionally guarantee that the area to be used will be cleaned and left free of any debris at the completion of said activity. A fee of \$50.00 is to be submitted to the Town upon approval of the application by the Town Manager.

\_\_\_\_\_  
Signature of Applicant Date

Action by the Town Manager: Date: \_\_\_\_\_

\_\_\_\_\_ Approved as submitted

\_\_\_\_\_ Approved with the following condition(s): \_\_\_\_\_

\_\_\_\_\_ Disapproved with the following reason(s): \_\_\_\_\_

Signature of the Town Manager: \_\_\_\_\_

**APPLICANT IS RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS & INSPECTIONS**

<b>Health/Conservation Agent Signature:</b> _____ Comments/Conditions:  Permits/Inspections needed:	<b>Building Commissioner Signature:</b> _____ Comments/Conditions:  Permits/Inspections needed:
<b>Police Department Signature:</b> _____ Comments/Conditions:	<b>Fire Department Signature:</b> _____ Comments/Conditions:
<b>DPW Signature:</b> _____ Comments/Conditions:	<b>Harbormaster Signature:</b> _____ Comments/Conditions:
<b>Recreation &amp; Beach Director:</b> _____ Comments/Conditions:	<b>OTHER:</b> _____ Comments/Conditions: