



Town of Edisto Beach

Type of Event: _____

Location of Event: _____

Number of Guests: _____

Type of Entertainment: _____

Event Dates(s): _____

Actual Event Hours: _____ a.m. / p.m. until _____ a.m. / p.m.

(Please note: event may not begin earlier than 8 a.m. or later than 11 p.m. in residential areas)

Setup / Assembly Date: _____ Start Time: _____ a.m. / p.m.

Please describe the scope of your setup/assembly work (specific details):

Dismantle Date: _____ Completion Time: _____ a.m. / p.m.

Who is your point of contact for this event?

Name: _____ Phone Number _____

Address: _____ Email _____ Fax _____

Approval:

Fire Department

Police Department

Building and Zoning Department

Utility Department

Town Administrator