

Maryland State Highway Administration Special Event Permit – Data Sheet

Event:				
Start Date:				
Start Time:				
Purpose/Type:				
Organizer:				
Contact Person	Daytime Phone:			
and Address:	Evening Phone:			
	Email Address:			
No. of Participants: No. of Vehicles/Units:	Rain/Snow Date:			
Proposed Route:(Written Description)				
Will you be occupying all or part of a highway travel lane? Will you be closing all or part of a roadway? No If Yes to either of the above, where?	Yes			
Have you requested Local Police assistance?* No				
Have you requested Maryland State Police assistance?* N	No Yes Number			
* THE EVENT ORGANIZER IS RESPONSIBLE FOR OB' CIRCLE THE DISTRICT(S) AND COUNTY(S) YOUR EVENT WILL I	TAINING LOCAL AND/OR STATE POLICE ASSISTANCE *			
DISTRICT 1 Dorchester / Somerset / Wicomico / Worces				
DISTRICT 2 Caroline / Cecil / Kent / Queen Anne's / Tall				
DISTRICT 3 Montgomery / Prince George's				
DISTRICT 4 Baltimore / Harford				
DISTRICT 5 Anne Arundel / Calvert / Charles / St. Mary's	S			
DISTRICT 6 Allegany / Garrett / Washington				
DISTRICT 7 Carroll / Howard / Frederick				
ATTACH THE FOLLOWING				
□ Map of affected routes				
'	rsections will be controlled, a detour plan, locations of police evices, as appropriate)			
□ Other event details				
(Contact the District Office to determine what, if any, a	additional information will be required for your event.)			

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^{*} Submit completed Data Sheet and Signature Sheet to SHA no later than <u>60 DAYS</u> prior to your event * http://www.marylandroads.com/Index.aspx?PageId=59



Maryland State Highway Administration Special Event Permit - Signature Sheet

EVENT:						
	NAU EDOEMEN	_				
Maryland and any appl set forth in this Perm i harmless from any liab	t the ORGANIZ icable county a r. My/Our sig ility, incurred b r this EVENT.	ER of this EVENT and municipal stand pnature(s) below y them or to other The ORGANIZER of	atutes and ordina confirm that the ers associated wi nay be required to	nces and will ORGANIZER a th this EVENT,	mply with the Laws of the adhere to the terms and and all Participants agree the various governmentality and Property Damage	conditions ree to hold al agencies
ORGANIZER: _						
REPRESENTATIVE: _		PLEASE PRINT N				
SIGNATURE:		PLEASE SIG				
TERMS AND CONDITION	<u>ONS</u>					
This EVENT shall a numbers on this Pe					ot more than 10% highe	r than the
2) The Organizer sha	all ensure that t	he approved Tr	AFFIC CONTROL PL	AN is followed		
In the event of win operations. This m				access to all	State Highways for weat	her related
 Immediately following return the roadway 					signs and other event ma	iterials and
5) Additional stipulation		•				
AGENCY APPROVALS	<u> </u>					
identify any probler	ne approval aut boked over the ns, have the ever s required, ens	hority to sign for pentire application rent organizer ad	your agency to con package, includid dress them prior t	ommit manpowing the Route I to signing.	ver and resources. Map and Traffic Control F t (in writing) and terms u	-
Local Government (): _	SIGNATURE	PRI	INTED NAME	DATE	
Local Government ():	SIGNATURE	PRI	INTED NAME	DATE	
Local Government ():	SIGNATURE	PRI	INTED NAME	DATE	
Maryland State Police:		SIGNATURE	PRI	INTED NAME	DATE	
State Highway Adminis	tration:					

PRINTED NAME

DATE

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SIGNATURE