



## State Parks Special Use Permit Application

Please fill in all areas below as completely as possible. If a question does not apply, use N/A. Allow up to thirty days for processing. Please enclose a \$10 nonrefundable processing fee for each event, made payable to the Treasurer of Virginia.

Return to:  
Chippokes Plantation State Park  
695 Chippokes Park Road  
Surry, Virginia 23882  
(757) 294-3625

Permit Requested by:

Name of Organization: \_\_\_\_\_

Represented by: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Fax: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Location (State Park/Area in Park): \_\_\_\_\_

Date (Month/Day/Year): \_\_\_\_\_, 20\_\_\_\_

Time Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Number of people involved or attending: \_\_\_\_\_

Necessary to set up in advance? Yes ☐ No ☐ When? \_\_\_\_\_

Any exhibits or displays? Yes ☐ No ☐ Number and type: \_\_\_\_\_

Any special requirements? (show type, location, number and responsibility for cost and set up)

Electricity: \_\_\_\_\_

Water: \_\_\_\_\_

Signs: \_\_\_\_\_

Stage or Platform: \_\_\_\_\_

Public Address System: \_\_\_\_\_

Port-a-Johns: \_\_\_\_\_

Picnic Tables: \_\_\_\_\_

Any special personnel? (show type, location, number and responsibility for obtaining cost)

Law Enforcement: \_\_\_\_\_

Parking Attendants: \_\_\_\_\_

Rescue Squad (First Aid): \_\_\_\_\_

Fire Department: \_\_\_\_\_

Guest(s) of Honor (Who/How Identified): \_\_\_\_\_

Entertainment (Who/When/Location): \_\_\_\_\_

Items to be sold (Type/By): \_\_\_\_\_

Sales Tax Arrangements (Type/Collected by/Prizes): \_\_\_\_\_

Health Dept Requirements for Food Handlers (Type/By): \_\_\_\_\_

Control Point (Type/Location/Who): \_\_\_\_\_

Traffic Flow Control (Type/Location/Who): \_\_\_\_\_

Potential Safety Hazards (Type/Location/Who): \_\_\_\_\_

Registration or Attendance Fees: Yes ☐ No ☐

Amount: \_\_\_\_\_ Collected By: \_\_\_\_\_

Livestock or animals (Type/Number/Location): \_\_\_\_\_

Clean up (When/By): \_\_\_\_\_

Please summarize below the planned event and all involved activities:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_