

Application for Temporary Special Use Permit for the Clemson Experimental Forest

Clemson Experimental Forest
Clemson University
PO Box 340334
Clemson, SC 29634-0334
864-656-4826

Name of applying organization or individual

Phone number

Billing Address

Name of individual authorized to act for applying organization

Phone number for all information

Address

Event description (exclusive or non-exclusive use)

Dates

Short description of use requested. \$4/Participant for non-exclusive; \$6/Participant for exclusive use.*

Location (provide map of primary and alternate routes).

Estimated number of participants and event managers

Estimated number of spectators

Insurance carrier of policy in force at time of event, certificate required.

Type of assistance required of CEF staff

*Security deposit of \$500.00 required prior to event (see permit).

Describe plans or arrangements for:

Site preparation, what changes or setups will be required on the area?

Public notices, sign placement and removal within 5 days of event. Signs must be approved.

Traffic control and parking. How will traffic be handled? Where will parking be?

Crowd control. How will it be handled and by whom?

Emergency medical services. EMS desired, EMT required. Provide site map to local EMS. Representative map and route to local hospital provided for all participants? Plan for remote victim recovery.

Water for animals, etc.

Sanitation and waste management, (Porta-Johns) Placement.

Fire prevention and suppression. See Permit Part IIC.

Public safety, adherence to regulations. See Permit Part IIB.

Litter control and final cleanup.

Third party vendors (may involve additional permits and fees).

Site clean up or restoration (clean up deposit required). Direction signs must be removed within 5 days after event.