



Town of Suffield

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TEMPORARY SPECIAL PERMIT CHECKLIST/APPLICATION FUNDRAISING EVENTS BY NON-PROFIT GROUPS

Complete the following items for review by the Zoning Enforcement Officer.

Application Date _____ Organization _____

Name, Address, Phone #, Email of Applicant _____

Date of Event _____ Hours of Event _____

Location of Event _____

Number of Vendors: Inside _____ Outside _____

_____ Parking Location (included map)

_____ Traffic Control

_____ Police Assistance

_____ Public Address System

_____ Vocal/Musical Entertainments (Type) _____

Other Pertinent Information _____

**APPLICANT HEREBY AGREES TO OBTAIN ZONING ENFORCEMENT OFFICER
APPROVAL FOR THE PLACEMENT OF ANY SIGNS PERTAINING TO THIS EVENT**

Applicant's Signature/Date _____

*Police Department Approval/Date _____

*Fire Marshal Approval/Date _____

_____ Approved _____ Denied _____ Referred to PZC

Zoning Enforcement Officer's Approval/Date _____

**Police, Fire Marshal & Building Approval must be obtained prior to Zoning
Enforcement Officer*

Updated March 28, 2023