



Department of Public Works

500 S Grand Central Pky | Box 554000 | Las Vegas NV 89155-4000
(702) 455-6000 | Fax (702) 380-7262
www.ClarkCountyNV.gov/PubWorks

Special Event Permit Information

Pursuant to Clark County Code - Chapter 16.06, a Clark County Public Works (CCPW) Special Event Permit is required to conduct an event when the activity impacts the normal flow of traffic of any public street or right-of-way within unincorporated Clark County. Public right-of-way includes sidewalks, medians and trails. A Special Event Permit Package must be completed and submitted to Clark County Public Works, in its entirety, **as early as 120 days but no less than 30 calendar days prior to the event.**

Special Event Permit (SEP) Package includes the following:

1. Special Events Permit application,
2. Hold Harmless Agreement,
3. Traffic Control Plan (TCP) provided by a barricade company AND
4. Copy of Insurance listing Clark County and the Las Vegas Metropolitan Police Department (METRO) as additional insured with the minimum amounts required by Clark County Code 16.06.070.

It is the responsibility of the Special Event applicant to apply for a separate encroachment permit with the Nevada Department of Transportation (NDOT) for events impacting highways under the jurisdiction of NDOT.

All required documents in the Special Event Permit Package must be complete and submitted via EMAIL to InTheWorks@ClarkCountyNV.gov or in person to Clark County Public Works.

Applicant is responsible for all costs incurred by METRO and CCPW for the approved special event, including, but not limited to, staffing by METRO and/or CCPW.

NOTE:

- Clark County Public Works does not provide traffic control services. Applicants are responsible for all traffic control required by CCPW as a condition of the permit. A SPECIAL EVENT PERMIT WILL NOT BE ISSUED UNTIL THE TRAFFIC CONTROL PLAN (TCP) IS APPROVED BY CCPW AND THE PERMIT IS SIGNED BY BOTH METRO AND CCPW.
- The applicant is responsible for providing the approved TCP to the barricade company. All traffic control set-ups may require inspection at an additional cost to the applicant.
- If required, scheduling and billing of Public Works staffing must be coordinated directly with Clark County Public Works, Traffic Management Division at (702) 455-6000. There is a 3-hour minimum payable for each Public Works employee required for staffing a special event. An estimate of staffing costs will be provided and must be paid prior to permit being approved. A final billing statement will be issued after the event to reconcile all costs.
- If required, as indicated on the permit, scheduling and billing for police officers must be handled directly with the Las Vegas Metropolitan Police Department's Special Events Section at (702) 828-3442.

If APPROVED, applicant will be issued a Permit # and copy of SEP application with approval signatures. If DENIED, applicant will receive a letter indicating reasons for denial. Submittal of a SEP Package less than 30 calendar days prior to the event or failure to provide the above required documents may cause delay or denial of the permit application.

For questions about the SEP process or to check the status of your application, please contact Clark County Public Works, Traffic Management Division at (702) 455-6000 | InTheWorks@ClarkCountyNV.gov .



Department of Public Works

500 S Grand Central Pky | Box 554000 | Las Vegas NV 89155-4000
(702) 455-6000 | Fax (702) 380-7262
www.ClarkCountyNV.gov/PubWorks

Special Event Permit Application

Permits are required pursuant to Clark County Code Title 16.06

Application Date: _____ PERMIT # _____

Event Title: _____ Event Date(s) _____ thru _____

Name of Group/Person Requesting: _____ Phone: (____) ____ - _____

Event Representative: _____ Email: _____

Address: _____ City _____ State _____ ZIP _____

Event Location: (attach detailed map of proposed area) _____

Description of Event/Request: _____

Set-up Date/Time: _____ Closure Date/Time: _____ Re-open Date/Time: _____

Event Start Date/Time: _____ Event End Date/Time: _____

Estimated Number of Spectators _____ Estimated Number of Participants _____ Estimated Number of Vehicles _____

Authorized Applicant: _____

Print Name Signature

Applicant is responsible for all costs incurred by Clark County and the Las Vegas Metropolitan Police Department as a consequence of the event.

Submit Permit Application, Hold Harmless Agreement, Insurance Certificate and Traffic Control Plan (if needed) via EMAIL to InTheWorks@ClarkCountyNV.gov or in person to Clark County Public Works.

METRO/COUNTY Use Only - Approvals and Requirements

COUNTY	State Roadways Effected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Traffic Control Barricading Provided By: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Litter Collection Required and Is Provided By: _____	COUNTY		
	NDOT Permit Attached?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			Open Fires for Pyrotechnics	
	Traffic Control Plan Required?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				Collections, Acceptance of Gratuities, or Fees
	Approved TCP Attached?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
METRO	Police Presence Required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	County staffing required				
	Insurance Provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

PERMIT NOT VALID UNLESS APPROVED BY BOTH METRO AND PUBLIC WORKS

APPROVALS	METRO Police: _____ Date: _____				
	Public Works: _____ Date: _____				
	Special Requirements _____				

<input type="checkbox"/> See attachment for additional requirements.					
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">County Insurance Provided</td> <td style="padding: 2px;">Hold Harmless Form</td> </tr> <tr> <td style="padding: 2px;">Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/></td> <td style="padding: 2px;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>		County Insurance Provided	Hold Harmless Form	Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
County Insurance Provided	Hold Harmless Form				
Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				



Department of Public Works

500 S Grand Central Pky | Box 554000 | Las Vegas NV 89155-4000
(702) 455-6000 | Fax (702) 380-7262
www.ClarkCountyNV.gov/PubWorks

Special Event Permit

INDEMNIFICATION HOLD HARMLESS AGREEMENT

The minimum insurance requirements specified in Title 16, Chapter 16.06 of the Clark County Code do not relieve the permittee of responsibility or limit the amount of liability to the County, and the permittee is encouraged to purchase such additional insurance as it deems necessary. Regardless of the coverage provided by any insurance, permittee shall indemnify, defend, and hold harmless, the County and the Las Vegas Metropolitan Police Department from any and all claims, demands, actions, attorney's fees, and costs and expenses based upon, related to, arising out of or in connection with the special event permit and/or the activities associated with the special event permit. Permittee further agrees that to the extent any losses or damage to private or public property occurs based upon, related to, arising out of or in connection with the special event permit and/or the activities associated with the special event permit, which is not covered by insurance, such property will be repaired or replaced at the sole cost and expense of the permittee. This shall be done to the satisfaction of Clark County within 10 working days after special event activities have ceased. In the event the permittee fails to make such repairs or replacements, the County may, but is not obligated to, make said repairs or replacements, the County may, but is not obligated to, make said repairs or replacements and the permittee shall reimburse the County for any costs and expenses incurred. The obligations of the permittee under this "Indemnification Hold Harmless Agreement" shall survive the termination or expiration of the special event permit.

Please indicate your acceptance of the foregoing by signing and printing your name in the space provided below.

Name of Event: _____

Date(s) of Event: _____ -- _____

Permittee Name: _____ (Print)

Permittee Signature: _____

Date Signed: _____



Clark County Code states that you must file with our department, a comprehensive general liability insurance policy, issued by an insurance company authorized to do business in Nevada.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Insert Date

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insert Insurance Broker's Name Address	CONTACT NAME: PHONE (A/C. No. Ext): Broker's phone number FAX (A/C. No): Broker's fax # E-MAIL ADDRESS: Broker's email address
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Insert Insurance Company Insert #
INSURED Insert Production Company Name (same as Hold Harmless Agreement and Film Application) Address	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>	(A)	(B)	(C)	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 100,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		<input checked="" type="checkbox"/>	(D)	(E)	(F)	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 100,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Clark County and Las Vegas Metropolitan Police Department are an additional insured on all above policies in respect to the Insured's operation.

CERTIFICATE HOLDER Clark County 500 S. Grand Central Parkway Las Vegas, NV 89106 Las Vegas Metropolitan Police Department 400 S. Martin Luther King Blvd Las Vegas, Nevada 89106	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Insert signature

© 1988-2015 ACORD CORPORATION. All rights reserved.