

Limited Duration Projection Mapping Permit Application

LDPM Special Event: LCE20 _____

Name of event _____

Maximum: 10 consecutive days

Frequency: limited to once per site in a 12 — month period

This application must be submitted in conjunction with a Special Event License 60 days prior to the event.

FAA approval may be required

Approximate number attending _____

Date(s) of Event _____ Time of LDPM _____ to _____

Set up Starts (date/time) _____/_____/_____ Tear down Date _____/_____/_____ Time _____

Site Address of Event _____

Description of the planned activities, including the equipment involved _____

Description of the sound amplification equipment and it's position and other mechanical or electrical equipment to be used in conjunction with the LDPM _____

Description of public facilities or equipment to be used _____

Description of the clean up plan _____

Attach a scaled site plan and building elevation plans of the location of the LDPM. The plan should include: projection areas, parking areas, gathering or seating areas, tents, stages, platforms, temporary structures, tables, booths, first-aid or relief stations, dumpsters, fencing, portable toilets, signs or banners and a parking, pedestrian circulation or traffic plan.

Attach a letter of authorization from the owner or authorized representative of the property where the LDPM will be displayed, if they are not the applicant.

(Office Use Only)

Date Application received _____

Site plan received _____

Payment entered (4 digits) _____

License mailed _____

Continue to page 2

Applicant	Name _____
	Address _____ City _____ State _____ Zip _____ Email Address _____ Phone (____) _____ - _____
Manager of the Property	Name _____
	Address _____ City _____ State _____ Zip _____
	Email Address _____ Phone (____) _____ - _____
Person in charge of LDPM	Name _____
	Address _____ City _____ State _____ Zip _____
	Email Address _____ Phone (____) _____ - _____
Sound Technicians	Name _____
	Address _____ City _____ State _____ Zip _____
	Email Address _____ Phone (____) _____ - _____

The data on this form will be used to approve your license. Some requested data may be private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

The Bloomington City Code, Limited Duration Projection Mapping Permit, Chapter 14.84.04, is available online at **BloomingtonMN.gov**. It is important to become familiar with the City Code.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Bloomington to investigate and make whatever inquiries that are necessary to verify the information provided.

Applicant Signature: _____ Date Signed ____/____/_____