



## VILLAGE OF WOODBURY

### BUILDING DEPARTMENT/CODE ENFORCEMENT

Office Location: 455 Route 32, Highland Mills, NY 10930

Mailing Address: P.O. Box 546, Central Valley, NY 10917

Phone (845) 928-6911, Ext. 51 - Fax (845) 928-7263

Email: [buildingdepartment@villageofwoodbury.com](mailto:buildingdepartment@villageofwoodbury.com)

## PUBLIC ASSEMBLY APPLICATION REQUIREMENTS

1. Complete attached application.
2. Provide properly **scaled** map showing location on premises. Indicate location of all buildings (temporary or permanent), location of nearest State, County or Town roads.
3. Sewage disposal plan, if required.
4. Identify all proposed parking areas and access to State, County and Town roads.
5. Include garbage and refuse disposal plan.
6. Identify location of all cooking facilities, along with Health Department approval (if offered for sale).
7. Include plan of emergency access for Police, Fire, Ambulance and location of all fire suppression devices.
8. Include: \$100 application fee PLUS \$50 per day event.  
Example: 1-day event = \$150  
2-day event = \$200
9. Assembly of greater than 1,000 persons shall include additional fees/escrow for Planning Board approvals as required.



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Dept. Stamped  
 Received Date

**PUBLIC ASSEMBLY APPLICATION  
 OPERATING PERMIT**

**PERMIT No.** \_\_\_\_\_

*Pursuant to Section 243 of the Code of the Village of Woodbury*

Name of Applicant: \_\_\_\_\_

Owner (if different): \_\_\_\_\_

Address of Premises: \_\_\_\_\_

Section/Block/Lot: \_\_\_\_\_

Description of event: \_\_\_\_\_

\_\_\_\_\_

Date(s) & Hour(s) of Event: \_\_\_\_\_

Maximum # of persons attending: \_\_\_\_\_

Expected # of vehicles: \_\_\_\_\_

Admission fee charged:  Yes  No

**Emergency Contact Numbers:**

Owner: Home/Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant: Home/Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone at event locations: \_\_\_\_\_

The undersigned has read all permit conditions attached and agrees to adhere to all conditions listed below:

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

This application is hereby:  APPROVED OR  DENIED

CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_