

# Special Events Application

Town of Edisto Beach 2414 Murray Street, Edisto Beach, SC 29438  
phone 843-869-2505 | fax 843-869-3855



PLEASE SUBMIT AT LEAST 45 DAYS PRIOR TO YOUR EVENT

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Number of Guests: \_\_\_\_\_

Location: \_\_\_\_\_  
(please specify which Beach Access or Address your event will be held)

Actual Event Hours: \_\_\_\_\_ am/pm until \_\_\_\_\_ am/pm

Setup / Assembly Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Please note –event may not begin prior to 8am or end later than 11pm*

Please describe the scope of your setup/assembly with specific details: (i.e. – chairs or arch/arbor on beach)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dismantle Date: \_\_\_\_\_ Time: \_\_\_\_\_

Individual making request: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Additional contact information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approval:

\_\_\_\_\_  
Fire Department

\_\_\_\_\_  
Police Department

\_\_\_\_\_  
Building and Zoning Department

\_\_\_\_\_  
Utility Department

\_\_\_\_\_  
Town Administrator

Date Application Received: _____	Noise Variance (Y/N): _____
Paid (Y/N): _____	Temp Zoning Certificate: (Y/N) _____