



# APPLICATION FOR SPECIAL USE PERMIT

Please complete this form and return to:

Ashtabula Metroparks Executive Director  
25 W. Jefferson St.  
Jefferson, OH 44047

PLEASE PRINT

Name of Organization or Individual: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Detailed description of activity requested:


Requested location: \_\_\_\_\_

Date(s) & Time(s) of use: \_\_\_\_\_ Number of Users: \_\_\_\_\_

Special Conditions to be determined by Ashtabula Metroparks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

### Special Use Permit:

Special use permits are required for any park activity that is outside of normal hours, modes of use or established ways controlled by the Ashtabula Metroparks Rules and Regulations.

### Application instructions:

- Complete your name, address and phone number.
- Fill in the requested activity box
- Fill in the location only if the activity is limited to one location.
- Please sign and date your request and mail the permit to the Metroparks.
- Signature is required
- Metroparks will complete the form and either contact you or mail the permission slip back to you.