

**COUNTY OF ROCKBRIDGE
APPLICATION FOR OUTDOOR EVENTS**

MAGISTERIAL DISTRICT _____ ZONE _____ DATE _____

- 1. Land Owner's Name: _____
- 2. Address: _____
- 3. Phone Number:(work) _____
- 4. Applicant's Name: _____
- 5. Address: _____
- 6. Phone Number: _____
- 7. Tax Map: _____
- 8. Location of Property: _____
- 9. Description of Activity: _____

(Signature of Applicant) (Signature of Land Owner)

Meeting Dates: Board of Supervisors _____

Date of Final Approval/Disapproval _____
(Administrator)

Special Conditions:

