(NPS Form 10-930)
(OMB No. 1024-0026)
(NEW 10/00)
(Expires 3/31/2010)

**National Park Service**
**Fort Pulaski National Monument**
**PO Box 30757**
**Savannah, GA 31410**

**912-786-5787**

# Application for Special Use Permit

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information**. Allow **AT LEAST** four (4) business days for processing. A non-refundable processing fee should accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States as also insured.

| | |
|---|---|
| Applicant Name: | Organization Name: |
| Social Security #: | Tax ID # |
| Street/Address: | Street/Address: |
| City/State/Zip Code: | City/State/Zip Code: |
| Telephone #: | Telephone #: |
| Cell phone #: | Cell phone #: |
| Fax #: | Fax#: |
| E-mail: | E-mail: |

Description of Proposed Activity (attach diagram, attach additional pages if necessary):

Requested Location: _____

Date(s): _____

| Event set up will begin: (date and time) | Event will begin: (date and time) | Event will end: (date and time) | Removal will be done: (date and time) |
|---|---|---|---|
| | | | |

Maximum Number of Participants _____ (Please provide best estimate)

Maximum Number of Vehicles _____(attach parking plan)

Support Equipment (list all equipment; attach additional pages if necessary)

List support personnel (contractors, etc. including addresses and telephones attach additional pages if necessary) _____

_____

_____

Individual in charge of event on site (include address, telephone and cell phone numbers): _____

_____

Is this an exercise of First Amendment Rights? ☐Y ☐N

Are you familiar with/ have you visited the requested area? ☐Y ☐N

Have your obtained a permit from the National Park Service in the past? ☐Y ☐N

(If yes, provide a list of permit dates and locations on a separate page.)

Do you plan to advertise or issue a press release before the event? ☐Y ☐N

Will you distribute printed material? ☐Y ☐N

Is there any reason to believe there will be attempts to disrupt, protest or prevent your event?(If yes, please explain on a separate page.) ☐Y ☐N

Do you intend to solicit donations or offer items for sale? (These activities may require an additional permit.) ☐Y ☐N

The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.

Signature _____ Date _____

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Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of $50.00 made payable to **National Park Service**. Credit card payments may be accepted at some parks. Application and administrative charges are non-refundable. *All applications should be mailed to* ***Superintendent Randy Wester*** *at the Park address found on the first page of this application.*

**Note** that this is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, a permit containing applicable terms and conditions will be sent to the person designated on the application. The permit must be signed by the responsible person and returned to the park prior to the event for final approval by the Park Superintendent.

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*The above application form is provided with the understanding that parks will insert appropriate park names and addresses and the amount of the application fee as desired.*

**Paperwork Reduction Act Statement:** This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2460), Washington, D.C. 20240