

# City of Cortland Special Event Application

To ensure a successful event, (obtaining proper permits, council approvals, licenses, public notices) it is recommended to initiate the event planning process with CDP and its Promotions Committee 90 days before the event.

Business Name: First Light Cortland Downtown Partnership Today's Date: November 22, 2016  
 Contact: Jane Witty CDP Member? Yes  No   
 Email: jane@cortlanddowntown.com Phone: 607.591.7903  
 Will proceeds of your event benefit a charitable cause that provides service to Cortland residents? Yes  No  If yes, name the charitable causes: No proceeds Non-profit Tax ID: \_\_\_\_\_

## Event Information

NAME OF EVENT: First Light  
 TYPE OF EVENT (i.e., walkathon, street fair, festival, etc.): New Year's Eve celebration with fireworks, and large screen live-stream viewing.  
 EVENT LAYOUT If the event is a walkathon, run, etc., attach a map of route and/or street closures. If the event is a festival or street fair, attach a map to indicate location of street blockages requested, booth alignment and type of merchandise vended from each booth.

|   |   |
|---|---|
| DATE DAY 1: <u>Saturday</u><br><del>Wednesday</del> , December 31/January 1, 2017   | DATE DAY 2: _____   |
| <input checked="" type="checkbox"/> STREET CLOSURE: Start Time: <u>10:00pm</u> End Time: <u>12:30am</u><br>Street: <u>Main Street - Court to Tompkins Streets</u> | <input type="checkbox"/> STREET CLOSURE: Start Time: _____ End Time: _____<br>Street: _____ |
| <input type="checkbox"/> LOT CLOSURE: Start Time: _____ End Time: _____<br>Lot: _____   | <input type="checkbox"/> LOT CLOSURE: Start Time: _____ End Time: _____<br>Lot: _____       |
| <input checked="" type="checkbox"/> AMPLIFIED MUSIC: Start Time: <u>10:00pm</u> End Time: <u>12:30am</u>  | <input type="checkbox"/> AMPLIFIED MUSIC: Start Time: _____ End Time: _____                 |

START LOCATION: \_\_\_\_\_ END LOCATION: \_\_\_\_\_  
 EXPECTED # OF PARTICIPANTS: \_\_\_\_\_ # OF SPECTATORS: 500-600  
 HOTELS: Is this event expected to generate area overnight stays? If so, estimated # of rooms: \_\_\_\_\_

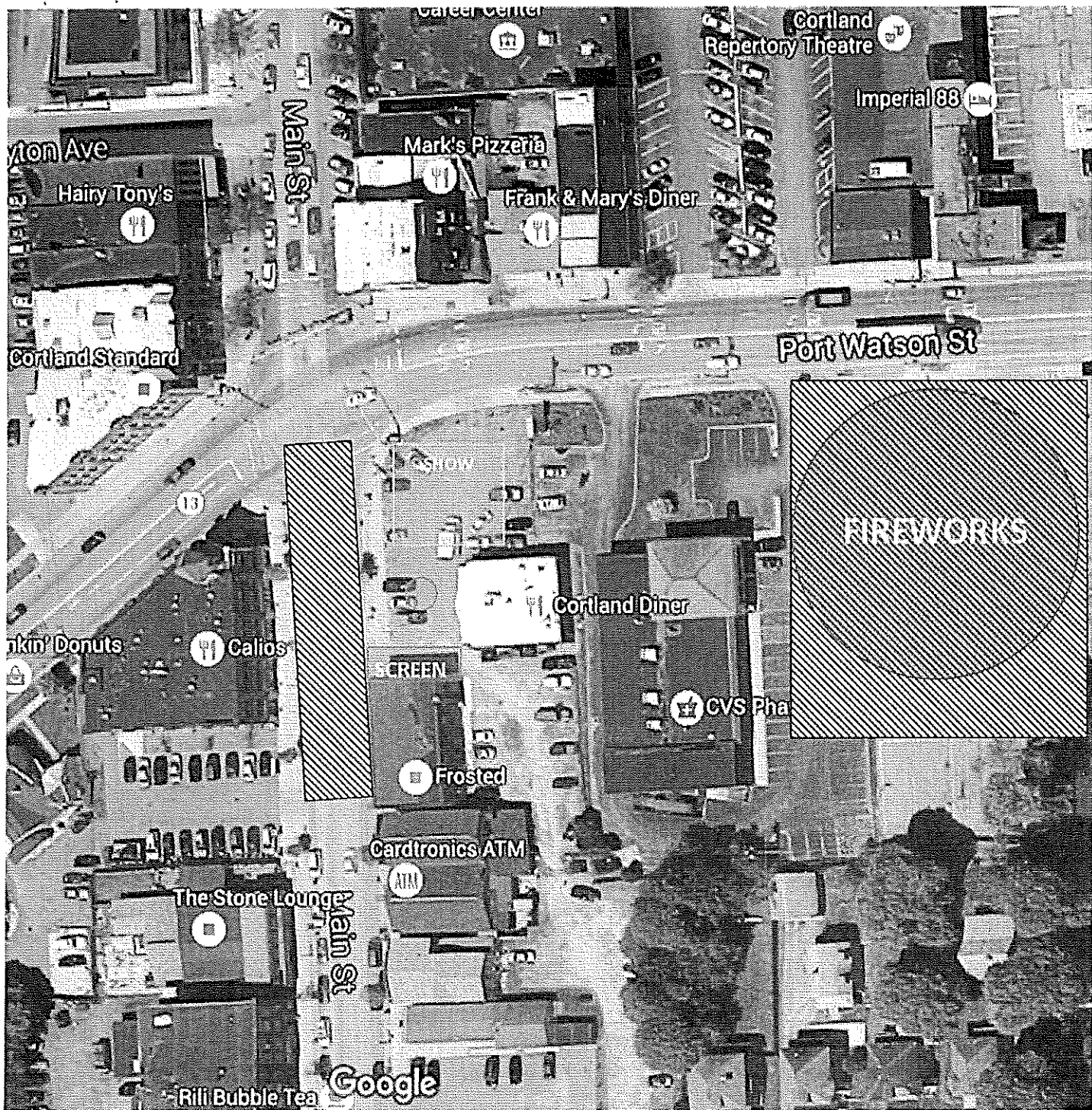
## Event Components

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Location/Safety<br><input type="checkbox"/> City park use<br><input checked="" type="checkbox"/> City streets blocked<br><input type="checkbox"/> City sidewalks blocked<br><input type="checkbox"/> City parking lots closed<br><input checked="" type="checkbox"/> City barricades<br><input type="checkbox"/> City cones<br><input type="checkbox"/> Animal ban<br><input type="checkbox"/> Animals are part of the event<br><input type="checkbox"/> EMTs needed on site | <input type="checkbox"/> Structures<br><input type="checkbox"/> Temporary structures<br><input type="checkbox"/> Canopies up to 10' x 10'<br><input type="checkbox"/> Grounded tents over 10' x 10'<br><input type="checkbox"/> Beer and/or wine garden<br><input type="checkbox"/> Street banner requested<br><input type="checkbox"/> Rides or amusements<br><input checked="" type="checkbox"/> Showmobile rental requested<br><input type="checkbox"/> Portable restrooms<br><input type="checkbox"/> Seating area | <input type="checkbox"/> Food<br><input type="checkbox"/> Food cooked on-site<br><b>Alcohol</b><br><input type="checkbox"/> Alcohol sold on-site<br><input type="checkbox"/> Alcohol served<br><b>Vending</b><br><input type="checkbox"/> Vending of goods<br><input type="checkbox"/> Vending of food<br><b>Power Source</b><br><input type="checkbox"/> City electricity use<br><input type="checkbox"/> Generator use<br><b>Insurance</b><br><input checked="" type="checkbox"/> General Liability insurance certificate<br><input type="checkbox"/> Liquor Liability insurance certificate |
| <b>Waste Management</b><br><input type="checkbox"/> City litter pickup<br><input type="checkbox"/> City street sweeping   | <b>Sound</b><br><input checked="" type="checkbox"/> Fireworks<br><input checked="" type="checkbox"/> Amplified sound or music  |  |

Other components not listed: Liability certificate supplied with City of Cortland as second insured

Marketing budget for event: Total anticipated event budget: \$5000

|                         |
|-------------------------|
| CDP Approval: _____     |
| Fire Approval: _____    |
| CPD Approval: _____     |
| Council Approval: _____ |





**CITY OF CORTLAND  
OFFICE OF CITY CLERK**

25 COURT STREET · CORTLAND, NY 13045  
PHONE (607) 756-6521 · FAX (607) 756-4644

COMMERCIAL SOUND DEVICE PERMIT

DATE REQUESTED: Nov. 22, 2016 ISSUANCE DATE: \_\_\_\_\_  
NAME: Cortland Downtown Partnership EXPIRATION DATE: \_\_\_\_\_  
ADDRESS: Jane Withy TELEPHONE: 607.591.7903  
40 Main  
Cortland

TYPE OF SOUND DEVICE: Amplified sound DATES/TIMES: December 31, 2016  
NON-PROFIT: yes PERSON IN CHARGE: Jane Withy 10pm -  
TELEPHONE NUMBER: 607.591.7903 Jan 1, 2  
1230a.

(\*Please check if you are a non-profit group therefore no licensing fee applies)

LICENSE FEE: FIXED LOCATION - \$250 MOUNTING UPON MOTOR VEHICLE - \$500

**Fixed Location:** For the use or operation of any radio, phonograph, microphone or other device by which sounds are magnified and caused to be heard over any public street or public place from any one fixed location and not in, or mounted upon a motor vehicle, the sum of \$250 for any day or part of a day for which the applicant desires permission hereunder. (Code of Ordinances 193-5 Noise Article II Sound Devices [adopted 8-5-1969 as Ch. 12, Art. VI, of the 1969 Code of Ordinances])

**Mounting upon motor vehicle:** For the use or operation of any radio, photograph, microphone or other device by which sounds are magnified and caused to be heard over any public street or public place to be used in, or mounted upon, a motor vehicle, the sum of \$500 for any day or part of a day for which the applicant desires permission hereunder. (Code of Ordinances 193-5 Noise Article II Sound Devices [adopted 8-5-1969 as Ch. 12, Art. VI, of the 1969 Code of Ordinances])

ANNUAL \$100.00

SINGLE EVENT \$25.00

[Signature] \_\_\_\_\_ 11/22/16  
Signature of Applicant Date

APPLICATION MUST BE FILED WITH APPLICATION FEE AT LEAST TWO (2) WEEKS BEFORE FUNCTION AND ONE (1) WEEK PRIOR TO COMMON COUNCIL MEETING TO ALLOW TIME FOR APPROVAL.

APPLICATION  
For Street Closings  
PLEASE PRINT ALL INFORMATION

Today's Date: November 4, 2016

Address of Street Closing: Partial closing on South Main Street: Tompkins to Stone Lounge lot ✓

Describe Event: First Light New Year Celebration

Applicant: Witty, Jane E. PH# 607-591-7903  
Last First MI (Home) (Work)

Address: 40 Main Street, Cortland, NY 13045 Email Address: jane@cortlanddowntown.com

Date of Street Closing: December 31, 2016 Alternate or Rain Date \_\_\_\_\_

Start Time: Event start time 10:00pm Finish Time: Event end time 12:30am (January 1)  
\*(No earlier than 9:00 AM) \*(No later than 8:00 PM)

(\*Unless altered by Common Council)

Estimated # of persons attending: 500+

Will amplified music be provided? yes  
(If yes, refer to requirement #8 for compliance)  
City Ordinance SCT. 193-5 requires Common Council permission; SCT.193-7 requires \$250.00 fee  
(unless a non-profit)

Will alcohol be available? no

If so, which address(es) will have alcohol? \_\_\_\_\_

**Alcohol is only allowed on private property. All State and City alcohol laws still apply during Street Closing.**

**A Street Closing permit does not allow the sale of alcohol or the consumption of alcohol on public property or by persons younger than 21 years of age.**

First Light

City of Cortland  
Fire Department  
Code Enforcement

25 Court Street  
Cortland, New York 13045  
Phone: 607.753.1741  
Fax: 607.753.6051

## OPERATING PERMIT APPLICATION FORM

### Applicant/Building Information

Applicant's Name: Cortland Downtown Partnership

Applicant's Address: 40 Main St Cortland NY 13045

Contact Person: Jane Willy Telephone: 607.591.7903

Address of Premises for which Operating Permit is requested:  same as above  
Youth Bureau parking lot on Port Watson St.

Business Name: \_\_\_\_\_ Telephone: see above

Tax Map Number: \_\_\_\_\_ Current Occupancy Class: \_\_\_\_\_

### Type of Operating Permit

An Operating Permit is required to conduct any activity or to use any class of building listed below. Please indicate the type(s) of Operating Permit(s) requested by checking each applicable box.

- Manufacturing, storing or handling hazardous materials in quantities exceeding those listed in Tables 2703.1.1(1), 2703.1.1(2), 2703.1.1(3) or 2703.1.1(4), of the Fire Code of New York State (see 19 NYCRR Part 1225); (See Appendix A.) Identify the materials and quantities and describe the manner in which the materials will be manufactured, stored or handled (attach additional sheets if necessary):
- \_\_\_\_\_
- \_\_\_\_\_
- Conducting a hazardous process or activity (including but not limited to, any commercial or industrial operation which produces combustible dust as a byproduct, fruit and crop ripening, and waste handling; (See Appendix B.) Describe the process(es) or activity(ies) to be conducted (attach additional sheets if necessary):
- \_\_\_\_\_
- \_\_\_\_\_
- Use of pyrotechnic devices (indoor or outdoor) within the City of Cortland; (See Appendix C.) Describe the proposed use (attach additional sheets if necessary):
- The City's annual New Years Eve Celebration FIRST LIGHT  
by Majestic Fireworks.
- Use of a building or structure containing one or more areas of public assembly with an occupant load of 100 persons or more (See Appendix D.) Describe the proposed use (attach additional sheets if necessary):
- \_\_\_\_\_
- \_\_\_\_\_

**City of Cortland Fire Department Code Enforcement  
OPERATING PERMIT APPLICATION FORM**

- Use of a building whose use or occupancy classification has been determined by the Common Council of the City of Cortland as posing a substantial potential hazard to public safety. Describe the proposed use (attach additional sheets if necessary):

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

- Temporary or permanent installation of LP gas storage containers, indoors or outdoors, exceeding 24 pounds' of water capacity (10.8 kg). Describe the proposed use (attach additional sheets if necessary):

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

**Premises/Building Information**

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1. Date of last Inspection of Premises? \_\_\_\_\_

2. What is the size of the entire building? \_\_\_\_\_

What is the size of the space the business occupies within that building? \_\_\_\_\_

How many stories is the building? \_\_\_\_\_

3. Is the building equipped with a sprinkler system? \_\_\_\_\_

4. Is the building equipped with a knox box? \_\_\_\_\_

If so, where is the knox box located on the building? \_\_\_\_\_

5. Are there currently any open Building Permits associated with the premises?  YES  NO  
If yes, please describe (attach additional sheets if necessary):

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

6. What is the current occupant load of the business? \_\_\_\_\_

Do you have a current occupant load sign? \_\_\_\_\_

7. Is your current staff trained in Fire Protection and Safety? \_\_\_\_\_

8. Type and quantities of Hazardous materials? \_\_\_\_\_

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

Added Comments:

**City of Cortland Fire Department Code Enforcement  
OPERATING PERMIT APPLICATION FORM**

**SIGNATURE OF APPLICANT**

I hereby certify that the foregoing information (and all information on attached sheets, if any) is true and complete.

*[Signature]* \_\_\_\_\_ 11/22/16 \_\_\_\_\_  
Signature of Applicant or Authorized Representatives Signature Date

Jane Witty Event Coordinator \_\_\_\_\_  
Name (and Title, if applicable) of person signing Application (Please print)

**To be completed by Code Enforcement Office**

Inspection Performed \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Tests or Reports required to verify compliance?  YES  NO

If YES, have Tests or Reports been received?  YES  NO

Description: \_\_\_\_\_  
\_\_\_\_\_

Application(s) Approved:  YES  NO

Operating Permit Issued By: \_\_\_\_\_

Date Operating Permit Issued: \_\_\_\_\_ Date Operating Permit Expires: \_\_\_\_\_

Type/Description of Operating Permit: \_\_\_\_\_

Conditions of Operating Permit (list conditions here AND in the space provided in the Operating Permit):  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

**Permit:    Approved /    Revoked /    Suspended**

Dated \_\_\_\_\_ Reason \_\_\_\_\_



# Parks, Recreation, and Historic Preservation

ANDREW M. CUOMO  
Governor

ROSE HARVEY  
Commissioner

September 28, 2016

Mr. Matthew Stanley  
Senior Environmental Manager  
Dormitory Authority - State of New York  
Office of Environmental Affairs  
One Penn Plaza - 52nd Floor  
New York, NY 10119

Re: DASNY  
Courthouse Park Improvements  
Court Street at Church Street, Cortland, NY  
16PR06369  
SAM 6702

Dear Mr. Stanley:

Thank you for requesting the comments of the Division for Historic Preservation of the Office of Parks, Recreation and Historic Preservation (OPRHP). We have reviewed the submitted materials in accordance with the New York State Historic Preservation Act of 1980 (section 14.09 of the New York Parks, Recreation and Historic Preservation Law). These comments are those of the Division for Historic Preservation and relate only to Historic/Cultural resources. They do not include potential environmental impacts to New York State Parkland that may be involved in or near your project. Such impacts must be considered as part of the environmental review of the project pursuant to the State Environmental Quality Review Act (New York Environmental Conservation Law Article 8) and its implementing regulations (6NYCRR Part 617).

We note that Courthouse Park is located between the First Presbyterian Church Complex, and the Cortland County Courthouse, both of which are listed in the State and National Registers of Historic Places. Additionally, the park is within the boundary of the Tompkins-Main St Historic District Eastern Expansion, which is eligible for listing in the State and National Registers.

We have reviewed the project submission received on 9/9/2016 regarding the proposed park improvements. Based upon this review, it is the OPRHP's opinion that the work will have No Adverse Impact upon historic or archaeological resources.

If there are substantive changes to the project, consultation with our office should resume. If you have any questions, I can be reached at (518) 268-2217.

Sincerely,

Christina Vagvolgyi  
Historic Preservation Technical Specialist  
e-mail: [christina.vagvolgyi@parks.ny.gov](mailto:christina.vagvolgyi@parks.ny.gov)

via e-mail only

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Division for Historic Preservation

P.O. Box 189, Waterford, New York 12188-0189 • (518) 237-8643 • [www.nysparks.com](http://www.nysparks.com)