



# Town of Porter

71 Main Street · Porter, ME 04068  
Phone: (207) 625-8344 · Fax: (207) 625-4120

## PERMIT APPLICATION FOR USE OF TOWN LANDS AND FACILITIES

### Contact Information

Name of Organization (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

### Activity Information

Location of Activity: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Choose One:            Resident             Non-Resident             Non-Profit

Number of Activity Participants: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Time of Activity: Start: \_\_\_\_\_  AM  PM    End: \_\_\_\_\_  AM  PM

### Fees

**Key Deposit:**        \$50 – please see Key Policy for more information

**Residents:**            \$25 (up to 20 people)  
                              \$35 (over 20 people – maximum of 75 people)

**Non-Residents:**    \$50 (up to 20 people)  
                              \$75 (over 20 people – maximum of 75 people)

**Registered  
Non-Profits:**        \$15.00 (maximum of 75 people)

**Kitchen Use:**        \$100 – Full kitchen use (luncheon, dinner, use of major appliances, etc.)  
                              No fee – Light use (coffee pot, sink)

### Insurance

A copy of the insurance certificate must be on file with the Town before a permit will be issued. Please be sure that the Certificate of Insurance has an additional endorsement naming the Town of Porter as "Certificate Holder as Co-insured". Your homeowner's insurance may be sufficient to cover this requirement.

I, the undersigned, hereby confirm receipt of the Facility Use Policy and the Safety & Use Requirements and agree to comply with said policy & all requirements.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

### OFFICE USE ONLY

Approved:  Yes  No    Total Fee Due: \_\_\_\_\_

Selectman Signature: \_\_\_\_\_



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## OFFICE USE ONLY

Fee Paid:  \$ \_\_\_\_\_ (Amount Paid)      Ins. Cert. Received:  Yes  No \_\_\_\_\_ (Staff Initials)  
Facility Left Clean:  Yes  No

## KEY RELEASE FORM

I, the undersigned, hereby accept responsibility for the key(s) loaned to myself or my organization, and agree to promptly return the key on the date noted below. I also agree that if the key is lost or not returned, the Municipality has full authority to recover the cost of replacement, first using the \$50.00 deposited with the Municipality and requiring an additional \$220.00 in compensation to re-key the facility.

Name of Organization (if applicable): \_\_\_\_\_

Individual Picking up Key: \_\_\_\_\_

Organization Phone Number: \_\_\_\_\_

Individual Phone Number: \_\_\_\_\_

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

Key No. & Door Location: \_\_\_\_\_

Date Checked Out: \_\_\_\_\_ Date to be Returned: \_\_\_\_\_

Please initial that you have received a copy of the following:

Facility Use Policy: \_\_\_\_\_ Safety & Use Requirements: \_\_\_\_\_

Key Policy: \_\_\_\_\_ Key Release Form: \_\_\_\_\_

\_\_\_\_\_  
(Borrower's Signature) (Date)

## OFFICE USE ONLY

Facility Left Clean:  Yes  No

\$50.00 Deposit Received:  Cash  Check \_\_\_\_\_ (Date Received) (Staff Initials)

Key & Deposit Returned: \_\_\_\_\_ (Date Returned) (Borrower's Signature) (Staff Initials)

Lost Key Fine (\$220) \_\_\_\_\_ (Date Paid) (Borrower's Signature) (Staff Initials)