

**Macomb Orchard Trail Commission  
Application for Temporary Permit**

**Name of Applicant/Organization:** \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Type of Organization:**

For- Profit     Non-Profit with 501(c)3 status     Unofficial Non-Profit or Informal Fundraising Group

Contact Person Name:

\_\_\_\_\_

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

City / State / Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

1. Name of Event or Project: \_\_\_\_\_

2. Describe intended use: \_\_\_\_\_

\_\_\_\_\_

3. Date of Event: \_\_\_\_\_

4. Rain Date (if any): \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

5. Onsite Contact, Day of the Event: \_\_\_\_\_, ( ) \_\_\_\_\_

6. Is entire Trail (from Dequindre to Richmond) to be used for event or project? If not, specify nearest cross streets to start and end points.

\_\_\_\_\_

Specific Detail on Route or Locations: If attaching map or drawing, check this box:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. How many participants are expected? \_\_\_\_\_

8. Signs/Advertising in sign boxes on the Trail? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(All trail signage and locations must be approved by the Trail Commission)

9. The Macomb Orchard Trail is a non-motorized trail. If motorized access is absolutely required, please contact the Trail Commission.

10. Contact the Macomb County Department of Roads for any permit requirements regarding traffic control at road crossings.