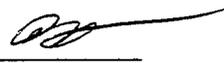


**AGENDA ITEM SUMMARY**

DATE: 5/24/10

DEPARTMENT: Public Works

DEPT. HEAD SIGNATURE: 

**SUBJECT:**

Request approval for SVMA Celebrate Summer in South Valley Carnival Special Event on 06/03/10.

**AUTHORITY:**  ID Code \_\_\_\_\_  IAR \_\_\_\_\_  City Ordinance/Code Chapter 12.14  
(IF APPLICABLE)

**BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:**

**FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:** Caselle# \_\_\_\_\_  
Budget Line Item # \_\_\_\_\_ YTD Line Item Balance \$ \_\_\_\_\_  
Estimated Hours Spent to Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
Staff Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
Comments: \_\_\_\_\_

**ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS:** (IF APPLICABLE)

<input type="checkbox"/> City Attorney	<input checked="" type="checkbox"/> Clerk / Finance Director	<input type="checkbox"/> Engineer	<input checked="" type="checkbox"/> Building
<input type="checkbox"/> Library	<input checked="" type="checkbox"/> Planning	<input checked="" type="checkbox"/> Fire Dept.	
<input type="checkbox"/> Safety Committee	<input type="checkbox"/> P & Z Commission	<input checked="" type="checkbox"/> Police	<input type="checkbox"/> Streets
<input checked="" type="checkbox"/> Public Works	<input type="checkbox"/> Parks	<input type="checkbox"/> Mayor	

**RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:**

Special Event Heads approved with only the following comments:  
Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.  
This special event is within the Business (B) zoning district and Arts & Entertainment is a permitted use.

**FOLLOW-UP REMARKS:**

## DECISION

Based on the Application for a Special Event Permit for the SVMA Summer Carnival, the City of Hailey, pursuant to Chapter 12.14 of the Hailey Municipal Code, approves the Application and grants the Special Event Permit, subject to the following conditions:

### Standard Conditions

- a. The Applicant shall comply with the terms, plans, covenants and provisions of the Application, as approved or as modified by the City of Hailey.
- b. The Applicant shall comply with all applicable local, state and federal laws, regulations and ordinances before, during and after the Special Event(s).
- c. The Applicant shall execute an agreement, relating to the reimbursement of expenses, indemnification and other provisions immediately upon the approval of the application for the Special Events Permit.
- d. In the event the Applicant fails to comply with all the conditions set forth herein, the City may revoke the Special Events Permit, in whole or in part.
- e. The Applicant shall maintain in full force and effect general liability coverage during the Special Event(s) in the amount of \$1,000,000, with the City of Hailey as an additional named insured.

### Other Condition

- a. Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
- b. This special event is within the Business (B) zoning district and Arts & Entertainment is a permitted use.

DATED this 24<sup>th</sup> day of May, 2010.

CITY OF HAILEY

By: \_\_\_\_\_  
Rick Davis, its Mayor

ATTEST:

\_\_\_\_\_  
Mary Cone, its City Clerk

CITY OF HAILEY ■ 115 MAIN ST. S., SUITE H ■ HAILEY, IDAHO 83333 ■ 788-4221



# SPECIAL EVENT PERMIT APPLICATION

RECEIVED  
APR 20 2010

I. EVENT NAME: Summer Carnival

II. LOCATION FOR EVENT (Be specific e.g., Hop Porter Park, all of 1<sup>st</sup> Avenue between Walnut and Pine, 115 Main St. S.):

Public Property       Private Property

1st Street between Bullion & Carbonate Ave

### III. EVENT SCHEDULE

Special Events are limited to four days, including set-up and tear-down days. No more than eight events per calendar year can be conducted by a single party or organization, unless a modification is granted by the City Council. Please submit your modification requests in writing and attach to your application.

Date(s) of Event	Hours	Estimated # of Attendees
6-3-10	Start Time: 3pm      End Time: 7pm	One Hour Interval: All Day: 600
	Start Time:              End Time:	One Hour Interval: All Day:
Date of Set-Up	1pm                      8pm	
6-3-10	Start Time:              End Time:	
Date of Tear Down		
6-3-10	Start Time:              End Time:	

### IV. FEES

Special Event Permit Application Fee	\$125	<input checked="" type="checkbox"/>	<u>125</u>
Per Day Park Rental Fee	\$200	<input type="checkbox"/>	_____
Security Deposit	\$500	<input type="checkbox"/>	_____
Tax (on park rental fees only)	6%	<input type="checkbox"/>	_____
<b>TOTAL DUE</b>			<u>125.00</u>
Additional Deposit Required		<input type="checkbox"/>	_____

### V. ORGANIZATION INFORMATION

Applicant's Name: South Valley Merchants Title: \_\_\_\_\_

Mailing Address: 101 E Bullion 1B Hailey Zip Code: 83333

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Day Telephone: 788-7070 Evening Telephone: 788-5136

FAX Number: 788-7679 E-Mail Address: Kasgarvin@aol.com

Applicant Driver's License #: FA 112350J ID  
Sponsoring Organization: Soota Valley Merchants Alliance  
Non-Profit:  Yes  No Tax Exempt #: \_\_\_\_\_  
Federal Tax #: \_\_\_\_\_ State Tax #: \_\_\_\_\_

**VI. EVENT INFORMATION**

New Event: Yes \_\_\_\_\_ No X Annual Event: Yes X No \_\_\_\_\_ Years Operating 2005

Event Category:  Commercial  Noncommercial

Estimate of Gross Ticket Sales & Revenues (commercial event only): \_\_\_\_\_

Description of Event: Kick off to summer for kids  
with games and entertainment

Additional Details: Close down 1st street from 1pm June 3rd  
to 8pm June 3rd. Attached all business  
owner who operate on 1st street  
with a signature of approval

**VII. INSURANCE REQUIREMENTS**

It is the responsibility of your Special Event organizers to maintain a COMPREHENSIVE GENERAL LIABILITY insurance policy with coverage of not less than \$1,000,000.00 combined single limit per occurrence. Each policy shall be written as a primary policy, not contributing with or in excess of any coverage which the City may carry. *A certificate naming the City of Hailey, Blaine County, Idaho as additional insured shall be delivered to the City of Hailey with this application.* The adequacy of all insurance required by these provisions shall be subject to approval by the City Clerk. Failure to maintain any insurance coverage required by this agreement shall be cause for immediate termination of the application.

Insurance Company: \_\_\_\_\_ Agent Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**HOLD HARMLESS CLAUSE**

Permittee (organization/applicant) shall indemnify and hold harmless the City of Hailey, its agents, its employees and authorized volunteers from and against all claims, damages, losses and expenses, including attorney's fees, arising out of the permitted activity or the conduct of Permittee's operation of the event if such claim (1) is attributable to personal injury, bodily injury, disease or death, or to injury to or destruction of property, including the loss of use there from, and (2) is not caused by any negligent act or omission of willful misconduct of the City of Hailey or its employees acting within the scope of their employment.

(Attach any additional pages as needed)

# SPECIAL EVENT ACTIVITIES & CITY SERVICES REQUESTED

Your Event Organizer is responsible for providing a complete list of event activities including a list of suppliers providing services. An event logistics map is required, detailing the location for all road closures, event set up, canopies, stages, vendors, booths, and any other major services or activities planned.

Yes	No	Check all Planned Activities	Yes	No	Check all Planned Activities
✓		<b>Street Closures &amp; Access / Parade</b> Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.		✓	Alcohol Served (Free of Charge) (name of provider)
				✓	Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
✓		<b>Street Closures &amp; Access /Parade</b> require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods			Food/Beverages will be served (List Caterers): <i>see attached</i>
#		<b>Canopies/Tents/Membranes/Temporary Structures</b> (Number & Size(s) City of Hailey Fire Department, Fire Code Enforcement	#		Vendors items sold/ solicitation
✓		<b>Medical Services</b> (Circle) First Aid and/or EMS Services  Who is providing services? _____	#		
#		<b>Security</b> (detail who, number of officers, times. Attach plan)	#		Booths: Profit / Non-Profit
	✓	<b>Traffic Control / Shuttle Buses</b> (Number of buses / locations / hours of operation, attach plan.)		✓	Lighting plan: attach plan
#		<b>Electricity / Generators</b> (Size _____) Attach detailed electrical plan.			Activities / Entertainment (Agenda) Other equipment or entertainment
					Signs or Banners: sign permit may be required by the City Planning and Zoning Department
	✓	<b>Water</b> Drinking / Washing (circle)		✓	Stages (Number and Size(s) _____)
	✓	<b>Gray Water Barrel / Grease Barrel</b> (circle /detail # and locations)	#		Barricades. How many (6) identify locations and attach logistics map
	✓	<b>Sanitation</b> -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#		EVENT estimated attendance 610
#		<b>Porta Toilets / Wash Stations</b> (Quantity ADA Regular _____)	#		Number of staff working event 0
	✓		#		Number of volunteers working 20

I hereby certify that I have read and will abide by the laws, rules and regulations set forth by the City of Hailey, Blaine County, and the State of Idaho, and in signing this application, I hereby agree that I and the organization I represent, shall hold the City of Hailey and all of its agents or employees free and blameless from any claim, liability or damage which may arise from use of City facilities or equipment, whether or not the City of Hailey, its agents or employees are jointly negligent. I further agree to promptly reimburse the City of Hailey and all of its agents for any clean up loss or damage to City property resulting from this use, as well as permitting, staffing, equipment use/rental, property use/rental, clean up, inspections involving the use of public property, public employees or public equipment for the Special Event. In the event the deposit exceeds the actual charges, the City Clerk shall refund the balance to the applicant.

Event Organizer's Signature: *Kimberly R. H.*

Date: 4/12/10

Tickets

Police

1st Ave

500 Bellini  
DT

Fire

Slip on Dip  
Weekly paper

Water Slide  
Aqua Pro

Fun house  
w/ Bounce  
Mountain West

Tents  
Food

Dixie  
Road  
Kool

magic

Face Paint  
Teddy Bear  
Cousin

Astro  
Jump  
Toy store

Mayor

Rock  
wall

Harley Auto  
Bungee Run

PP

Monster  
Box  
ColorType

Gladiator  
Toust  
K3's  
Road'n Dirt

BB  
Face paint

Cotton  
Candy

Obstacle  
Course  
Atkinson's

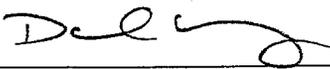
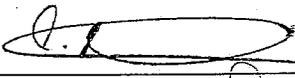
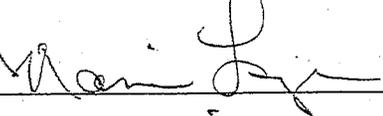
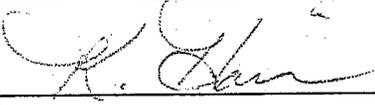
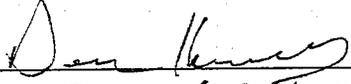
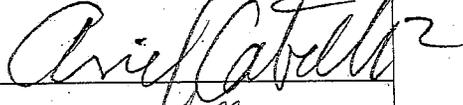
South

Neck-5 Fast

E-44-1D

Bullion St

On June 3<sup>rd</sup> 2010 from 1 pm to 8 pm 1<sup>st</sup> Street from Bullion to Carbonate to Celebrate the Start of Summer in Hailey. Please sign below that you agree to the Closing of 1<sup>st</sup> Street on June 3<sup>rd</sup>.

Business Name	Name	Signature
HEWNESSY COMPANY	DAVID HEWNESSY	
SPA BECCA	COLLEEN GRANT	
The Nature Conservancy <del>Mountain Dog</del>	NANCIE LANGE	
EUC CENTER	C PARNISH	
Amber Matten	BIRWOOD MORTON	RUTH CLARK
Harrison Insurance	KATHY HARRISON	
Gardenspace Design	DAN HUNTER	
Adrica	Ariel Cabella	
Javel	KRISTEN MINIVEL	
Campbell Consulting	SARAH BUES	SARAH BOSDON
Cow box		Chris Kun
Zions Bank	Brian Alley	Brian Alley



CERTIFICATE OF INSURANCE				DATE (MM/DD/YY) 04/15/2010
<b>PRODUCER AND THE NAMED INSURED</b> International Special Events and Recreation Association, Inc. Inc., A Risk Retention Purchasing Group qualified under the Risk Retention Act of 1986; Federal Law 97-45. P.O. Box 469 Sandy, UT 84091-0469 800-321-1493		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.		
<b>INSURED</b> Jukebox Party Express Inc  PO Box 745 Meridian, ID 83680		<b>INSURERS AFFORDING COVERAGE</b>  INSURER A: NOTICE: Coverage is being provided as part of a Master Group Policy issued to members of the International Special Events and Recreation Association, Inc. INSURER B: INSURER C: a Risk Retention 'Purchasing Group' authorized under the Risk Retention Act of 1986; Federal Law 97-45. INSURER D: INSURER E:		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                         "LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"                     </div>		Certain Underwriters at Lloyds, London		
<b>COVERAGES</b> The policies of insurance listed below have been issued to the insured named above for the policy indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> <b>Commercial Liability</b> <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> <input checked="" type="checkbox"/> Excluding Products and Complete	LAP0279-09070021	7/14/2009	7/14/2010	\$100,000 Per Person \$1,000,000 Per Accident \$2,000,000 Policy Aggregate
<input type="checkbox"/> <b>Commercial Auto Liability</b> Any Auto All Owned Autos Scheduled Autos Hired Autos Non-Owned Autos O.T.R.P.D.				
<input type="checkbox"/> <b>Garage Coverage</b> G.K.L.L. Drive Away D.O.C. Cargo On Hook Contractual Liability Wrongful Repossession				
<input type="checkbox"/> <b>Excess Liability</b> <input type="checkbox"/> Claims Made				
OTHER				
<b>DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISION</b> Coverage is limited to only insured activities or operations on the Participant Member Declaration Certificate or as may be separately endorsed. Excludes Inland Marine Liability, Amusement - Sumo Suits, Amusement - Carnival Games & DJ/Karaoke., Amusement - Non Supervised - Scheduled Interactive & Inflatable Game Rental., Amusement - Supervised - Scheduled Interactive & Inflatable Game Rental., Climbing Wall - Portable., Amusement - Scheduled Inflatable/Interactive., Amusement Devices - Gyro/Orbitron -				
<input checked="" type="checkbox"/> <b>CERTIFICATE HOLDER</b>		<input type="checkbox"/> <b>ADDITIONAL INSURED</b>		<input type="checkbox"/> <b>LOSS PAYEE</b>
City of Hailey Chamber of Commerce  P.O. Box 100 Hailey, ID 83333 Kim		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.		
		AUTHORIZED REPRESENTATIVE OF THE 'PURCHASING GROUP' 		

ISERA-F-014 03OCT2005



AGENDA ITEM SUMMARY

DATE: 05/24/10 DEPARTMENT: Public Works

DEPT. HEAD SIGNATURE: \_\_\_\_\_

SUBJECT:

The Sawtooth Rangers request approval for the following Special Events:  
"The Rodeo Park Fund Raisers" (Events will be held at the Rodeo Grounds)

- May 15, 2010 – Antique Tractor Pull (approved administratively by Mary Cone, 05/12/10)
- May 22 & 23, 2010 - Team Roping and Team Sorting Competition (approved administratively by Mary Cone, 05/12/10)
- June 5, 2010 - BBQ Cook-off
- June 12, 2010 - Band Fest

All profits net expenses for these special events will be donated directly to the Hailey Rodeo Park project fund. Due to this fundraising for the City, park use and special event application fees do not apply.

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)

___ City Attorney	___ Clerk / Finance Director	__XX Engineer	__XX Building
___ Library	__XX Planning	__XX Fire Dept.	
___ Safety Committee	__XX P & Z Commission	__XX Police	
___ Streets	__XX Public Works, Parks	___ Mayor	

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

The Special Event Department heads approved with the following comments:

- Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
- This special event is within the Limited Business (LB) zoning district and Arts, Entertainment, and recreation uses is a permitted use.
- Please contact Mariel Platt, 788-9815 ext 24 if lighting will be used for any of these events.
- For safety purposes, the building and fire departments will require a pre-inspection of the section of bleachers that are proposed to be used for the event. Any unstable or broken boards will have to be replaced prior to the event. The applicant must call and set up a meeting for all party's to meet on site to discuss this issue.
- Per fire code, please have all cooking devices set up outside the arena ten feet away from the structure.
- The Emergency Medical Services require you to have an ambulance for all rodeo sport events. The formula to determine how many is as follows:
  - 0 to 999 attendees requires 0 EMT's
  - 1000 to 1250 requires 2 EMT's
  - And one EMT for each additional 250 attendees

FOLLOW-UP REMARKS:

## DECISION

Based on the Application for a Special Event Permit for The Rodeo Park Fund Raisers, the City of Hailey, pursuant to Chapter 12.14 of the Hailey Municipal Code, approves the Application and grants the Special Event Permit, subject to the following conditions:

### Standard Conditions

- a. The Applicant shall comply with the terms, plans, covenants and provisions of the Application, as approved or as modified by the City of Hailey.
- b. The Applicant shall comply with all applicable local, state and federal laws, regulations and ordinances before, during and after the Special Event(s).
- c. The Applicant shall execute an agreement, relating to the reimbursement of expenses, indemnification and other provisions immediately upon the approval of the application for the Special Events Permit.
- d. In the event the Applicant fails to comply with all the conditions set forth herein, the City may revoke the Special Events Permit, in whole or in part.
- e. The Applicant shall maintain in full force and effect general liability coverage during the Special Event(s) in the amount of \$1,000,000, with the City of Hailey as an additional named insured.

### Other Conditions

- a. Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
- b. This special event is within the Limited Business (LB) zoning district and Arts, Entertainment, and recreation uses is a permitted use.
- c. Please contact Mariel Platt, 788-9815 ext 24 if lighting will be used for any of these events.
- d. For safety purposes, the building and fire departments will require a pre-inspection of the section of bleachers that are proposed to be used for the event. Any unstable or broken boards will have to be replaced prior to the event. The applicant must call and set up a meeting for all party's to meet on site to discuss this issue. Per fire code, please have all cooking devices set up outside the arena ten feet away from the structure.
- e. The Emergency Medical Services require you to have an ambulance for all rodeo sport events. The formula to determine how many is as follows:
  - 0 to 999 attendees requires 0 EMT's
  - 1000 to 1250 requires 2 EMT's
  - And one EMT for each additional 250 attendees

DATED this 24<sup>th</sup> day of May, 2010.

CITY OF HAILEY

By: \_\_\_\_\_  
Rick Davis, its Mayor

ATTEST:

\_\_\_\_\_  
Mary Cone, its City Clerk

MAR 15 2010



**SPECIAL EVENT PERMIT APPLICATION**

I. EVENT NAME: (4) Tractor Pull  
~~Open Expo~~ / Team Roping + Sorting Competition /  
 BBQ Cook off with Cowboy Poetry / Band Fest

II. LOCATION FOR EVENT (Be specific e.g., Hop Porter Park, all of 1<sup>st</sup> Avenue between Walnut and Pine, 115 Main St. S.):

Public Property       Private Property

Rodeo Grounds

**III. EVENT SCHEDULE**

Special Events are limited to four days, including set-up and tear-down days. No more than eight events per calendar year can be conducted by a single party or organization, unless a modification is granted by the City Council. **Please submit your modification requests in writing and attach to your application.**

Date(s) of Event	Hours		Estimated # of Attendees
<u>See attached</u>	Start Time:	End Time:	One Hour Interval: All Day:
	Start Time:	End Time:	One Hour Interval: All Day:
Date of Set-Up			
	Start Time:	End Time:	
Date of Tear Down			
	Start Time:	End Time:	

**IV. FEES** please waive all

Special Event Permit Application Fee      \$125       \_\_\_\_\_  
 Per Day Park Rental Fee      \$200       \_\_\_\_\_  
 Security Deposit      \$500       \_\_\_\_\_  
 Tax (on park rental fees only)      6%       \_\_\_\_\_  
**TOTAL DUE**      \_\_\_\_\_  
 Additional Deposit Required       \_\_\_\_\_

**V. ORGANIZATION INFORMATION**

Applicant's Name: Sawtooth Rangers #6716 Title: \_\_\_\_\_  
 Mailing Address: 46 Lorna Hazelton POB 3794 Hailey Zip Code: 83333  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Day Telephone: 208 780 6674 Evening Telephone: 248 788 1012  
 FAX Number: 208 780 1043 E-Mail Address: lorna@peak-sales.com

Applicant Driver's License #: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Non-Profit: Yes No

Tax Exempt #: \_\_\_\_\_

Federal Tax #: \_\_\_\_\_ State Tax #: \_\_\_\_\_

**VI. EVENT INFORMATION**

New Event: Yes X No \_\_\_\_\_ Annual Event: Yes X <sup>hopefully</sup> No \_\_\_\_\_ Years Operating \_\_\_\_\_

Event Category:  Commercial  Noncommercial

Estimate of Gross Ticket Sales & Revenues (commercial event only): \_\_\_\_\_

Description of Event:  
see attached

Additional Details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. INSURANCE REQUIREMENTS**

It is the responsibility of your Special Event organizers to maintain a COMPREHENSIVE GENERAL LIABILITY insurance policy with coverage of not less than \$1,000,000.00 combined single limit per occurrence. Each policy shall be written as a primary policy, not contributing with or in excess of any coverage which the City may carry. *A certificate naming the City of Hailey, Blaine County, Idaho as additional insured shall be delivered to the City of Hailey with this application.* The adequacy of all insurance required by these provisions shall be subject to approval by the City Clerk. Failure to maintain any insurance coverage required by this agreement shall be cause for immediate termination of the application.

Insurance Company: National Houseman's Assoc. Inc Agent Name: Jimmie ?

Address: \_\_\_\_\_ Phone: 877-526-5220

**HOLD HARMLESS CLAUSE**

Permittee (organization/applicant) shall indemnify and hold harmless the City of Hailey, its agents, its employees and authorized volunteers from and against all claims, damages, losses and expenses, including attorney's fees, arising out of the permitted activity or the conduct of Permittee's operation of the event if such claim (1) is attributable to personal injury, bodily injury, disease or death, or to injury to or destruction of property, including the loss of use there from, and (2) is not caused by any negligent act or omission of willful misconduct of the City of Hailey or its employees acting within the scope of their employment.

(Attach any additional pages as needed)

~~1st Open Expo~~ *see attached*  
*Antigua ractor Pull*  
**SPECIAL EVENT ACTIVITIES & CITY SERVICES REQUESTED**

Your Event Organizer is responsible for providing a complete list of event activities including a list of suppliers providing services. An event logistics map is required, detailing the location for all road closures, event set up, canopies, stages, vendors, booths, and any other major services or activities planned.

Yes	No	Check all Planned Activities	Yes	No	Check all Planned Activities
	X	Street Closures & Access / Parade Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.		X	Alcohol Served (Free of Charge) (name of provider)
			X	X	Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
	X	Street Closures & Access /Parade require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods	X		Food/Beverages will be served (List Caterers):
#	X	Canopies/Tents/Membranes/Temporary Structures (Number & Size(s) City of Hailey Fire Department, Fire Code Enforcement	#		Vendors items sold/ solicitation
	X	Medical Services (Circle) First Aid and/or EMS Services Who is providing services? _____		X	
#	X	Security (detail who, number of officers, times. Attach plan)	#		Booths: Profit / Non-Profit <i>both</i>
	X	Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach plan.)		X	Lighting plan: attach plan
#	X	Electricity / Generators (Size _____) Attach detailed electrical plan.			Activities / Entertainment (Agenda) Other equipment or entertainment
					Signs or Banners: sign permit may be required by the City Planning and Zoning Department
	X	Water Drinking / Washing (circle)			Stages (Number and Size(s) _____)
	X	Gray Water Barrel / Grease Barrel (circle /detail # and locations)	#	X	Barricades. How many identify locations and attach logistics map
X		Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#	150	EVENT estimated attendance
#		Porta Toilets / Wash Stations (Quantity ADA Regular _____)	#	0	Number of staff working event
X			#	10-15	Number of volunteers working

I hereby certify that I have read and will abide by the laws, rules and regulations set forth by the City of Hailey, Blaine County, and the State of Idaho, and in signing this application, I hereby agree that I and the organization I represent, shall hold the City of Hailey and all of its agents or employees free and blameless from any claim, liability or damage which may arise from use of City facilities or equipment, whether or not the City of Hailey, its agents or employees are jointly negligent. I further agree to promptly reimburse the City of Hailey and all of its agents for any clean up loss or damage to City property resulting from this use, as well as permitting, staffing, equipment use/rental, property use/rental, clean up, inspections involving the use of public property, public employees or public equipment for the Special Event. In the event the deposit exceeds the actual charges, the City Clerk shall refund the balance to the applicant.

Event Organizer's Signature: *Jerry Furber* Date: 3/15/10  
*Santobth Ranger's Riding Club*

Event #1      Antique Tractor Pull      May 15<sup>th</sup>      1:00 pm to 6:00 pm

Open to public spectators  
No charge admission

Food Concession  
Beer and Wine will be sold

Volunteers from the Sawtooth Ranger will be on site during the event  
Sawtooth Rangers will provide portable toilets, trash removal and clean up.

*Will use Concessions at  
rodeo grounds*



Event # 2	Sawtooth Showdown		
	Team Roping Event	May 22	10:00 am to dusk
	Team Sorting Event	May 23	10:00 am to dusk

Open to public spectators  
No charge admission

Livestock will be provided by Matt Asiveto

Food Concession  
Beer and Wine will be sold

Volunteers from the Sawtooth Ranger will be on site during the event  
Sawtooth Rangers will provide portable toilets, trash removal and clean up.  
Insurance provided by the Sawtooth Rangers

## SPECIAL EVENT ACTIVITIES & CITY SERVICES REQUESTED

Your Event Organizer is responsible for providing a complete list of event activities including a list of suppliers providing services. An event logistics map is required, detailing the location for all road closures, event set up, canopies, stages, vendors, booths, and any other major services or activities planned.

Yes	No	Check all Planned Activities	Yes	No	Check all Planned Activities
	X	<b>Street Closures &amp; Access / Parade</b> Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.		X	<b>Alcohol Served (Free of Charge) (name of provider)</b>
			may we		<b>Alcohol Sold</b> Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
		<b>Street Closures &amp; Access /Parade</b> require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods	X		<b>Food/Beverages</b> will be served (List Caterers):
#	?	<b>Canopies/Tents/Membranes/Temporary Structures</b> (Number & Size(s) City of Hailey Fire Department, Fire Code Enforcement	#	#	<b>Vendors items sold/ solicitation</b>
		<b>Medical Services</b> (Circle) First Aid and/or EMS Services  Who is providing services? _____	20		
#		<b>Security</b> (detail who, number of officers, times. Attach plan) <i>Sawtooth rangers</i>	#		<b>Booths: Profit / Non-Profit</b>
	X	<b>Traffic Control / Shuttle Buses</b> (Number of buses / locations / hours of operation, attach plan.)			<b>Lighting plan:</b> attach plan
#	X	<b>Electricity / Generators</b> (Size _____) Attach detailed electrical plan.			<b>Activities / Entertainment (Agenda)</b> Other equipment or entertainment
					<b>Signs or Banners:</b> sign permit may be required by the City Planning and Zoning Department
		<b>Water</b> Drinking / Washing (circle)			<b>Stages</b> (Number and Size(s) <i>1 flat bed</i> )
		<b>Gray Water Barrel / Grease Barrel</b> (circle /detail # and locations)	#	X	<b>Barricades.</b> How many identify locations and attach logistics map
X		<b>Sanitation</b> -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#		<b>EVENT estimated attendance</b>
# X		<b>Porta Toilets / Wash Stations</b> (Quantity ADA Regular _____)	#		Number of staff working event
2/3			#		Number of volunteers working

I hereby certify that I have read and will abide by the laws, rules and regulations set forth by the City of Hailey, Blaine County, and the State of Idaho, and in signing this application, I hereby agree that I and the organization I represent, shall hold the City of Hailey and all of its agents or employees free and blameless from any claim, liability or damage which may arise from use of City facilities or equipment, whether or not the City of Hailey, its agents or employees are jointly negligent. I further agree to promptly reimburse the City of Hailey and all of its agents for any clean up loss or damage to City property resulting from this use, as well as permitting, staffing, equipment use/rental, property use/rental, clean up, inspections involving the use of public property, public employees or public equipment for the Special Event. In the event the deposit exceeds the actual charges, the City Clerk shall refund the balance to the applicant.

Event Organizer's Signature: *Jack* for the *Sawtooth Rangers* Date: *3/15/10*  
*Ricky Chul*

Event #3      BBQ Cook Off and Cowboy Entertainment      June 5<sup>th</sup>

Open to public spectators  
Admission:    \$5.00 entrance adult \$ ? child  
                  \$5.00 to taste

Entry fee for cook off is \$25. per category \$75. max  
Arena to be open by 8 am for setup close by 6 pm

All recipes to be prepared on site and will be judged by local chefs from the WR Valley  
and tasters will vote as well. Prizes, trophies and ribbons will be awarded

Cowboy Entertainment: Ernie Sites, Stan Tixier, Robin Arnold, Brian Dillworth, Gordon  
Peterson, Sam De Leeuw, and possibly others. Music provided by Saddle Strings.  
Possible dance floor with instruction on western dance.

Vendor Booths to be set up on the exterior of the Arena (see arena chart)

Raffle will be held through out the day

Food Concession  
Beer and Wine will be sold

Volunteers from the Sawtooth Ranger will be on site during the event  
Sawtooth Rangers will provide portable toilets, trash removal and clean up.



H4 Band Feet

## SPECIAL EVENT ACTIVITIES & CITY SERVICES REQUESTED

Your Event Organizer is responsible for providing a complete list of event activities including a list of suppliers providing services. An event logistics map is required, detailing the location for all road closures, event set up, canopies, stages, vendors, booths, and any other major services or activities planned.

Yes	No	Check all Planned Activities	Yes	No	Check all Planned Activities
	X	<b>Street Closures &amp; Access / Parade</b> Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.			<b>Alcohol Served (Free of Charge)</b> (name of provider)
		<b>Street Closures &amp; Access /Parade</b> require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods			<b>Alcohol Sold</b> Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
		<b>Street Closures &amp; Access /Parade</b> require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods			<b>Food/Beverages</b> will be served (List Caterers):
#		<b>Canopies/Tents/Membranes/Temporary Structures</b> (Number & Size(s)) City of Hailey Fire Department, Fire Code Enforcement	#		<b>Vendors</b> items sold/ solicitation
		<b>Medical Services</b> (Circle) First Aid and/or EMS Services  Who is providing services? _____	#		
#		<b>Security</b> (detail who, number of officers, times. Attach plan) <i>Sawtooth Rangers</i>	#		<b>Booths:</b> Profit / Non-Profit
	X	<b>Traffic Control / Shuttle Buses</b> (Number of buses / locations / hours of operation, attach plan.)			<b>Lighting plan:</b> attach plan
#		<b>Electricity / Generators</b> (Size _____) Attach detailed electrical plan.			<b>Activities / Entertainment</b> (Agenda) Other equipment or entertainment
					<b>Signs or Banners:</b> sign permit may be required by the City Planning and Zoning Department
		<b>Water</b> Drinking / Washing (circle)		X	<b>Stages</b> (Number and Size(s) <i>1 or 2</i> )
		<b>Gray Water Barrel / Grease Barrel</b> (circle /detail # and locations)	#		<b>Barricades.</b> How many identify locations and attach logistics map
X		<b>Sanitation</b> -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#		<b>EVENT</b> estimated attendance
#?		<b>Porta Toilets / Wash Stations</b> (Quantity ADA Regular _____)	#		Number of staff working event
<i>6 to 7 or more</i>			#		Number of volunteers working

I hereby certify that I have read and will abide by the laws, rules and regulations set forth by the City of Hailey, Blaine County, and the State of Idaho, and in signing this application, I hereby agree that I and the organization I represent, shall hold the City of Hailey and all of its agents or employees free and blameless from any claim, liability or damage which may arise from use of City facilities or equipment, whether or not the City of Hailey, its agents or employees are jointly negligent. I further agree to promptly reimburse the City of Hailey and all of its agents for any clean up loss or damage to City property resulting from this use, as well as permitting, staffing, equipment use/rental, property use/rental, clean up, inspections involving the use of public property, public employees or public equipment for the Special Event. In the event the deposit exceeds the actual charges, the City Clerk shall refund the balance to the applicant.

Event Organizer's Signature: *Joe Ay* for the *Sawtooth* Date: *3/15/14*  
*Rangers Riding Club*

Event #4      Band Fest With Muzzie Braun      June 12<sup>th</sup>

Open to public spectators

Admission:    \$10.00 adult \$ 5.00 child under 10

Music to start @ 11 am and will continue until 9:30 pm

Current Band List:

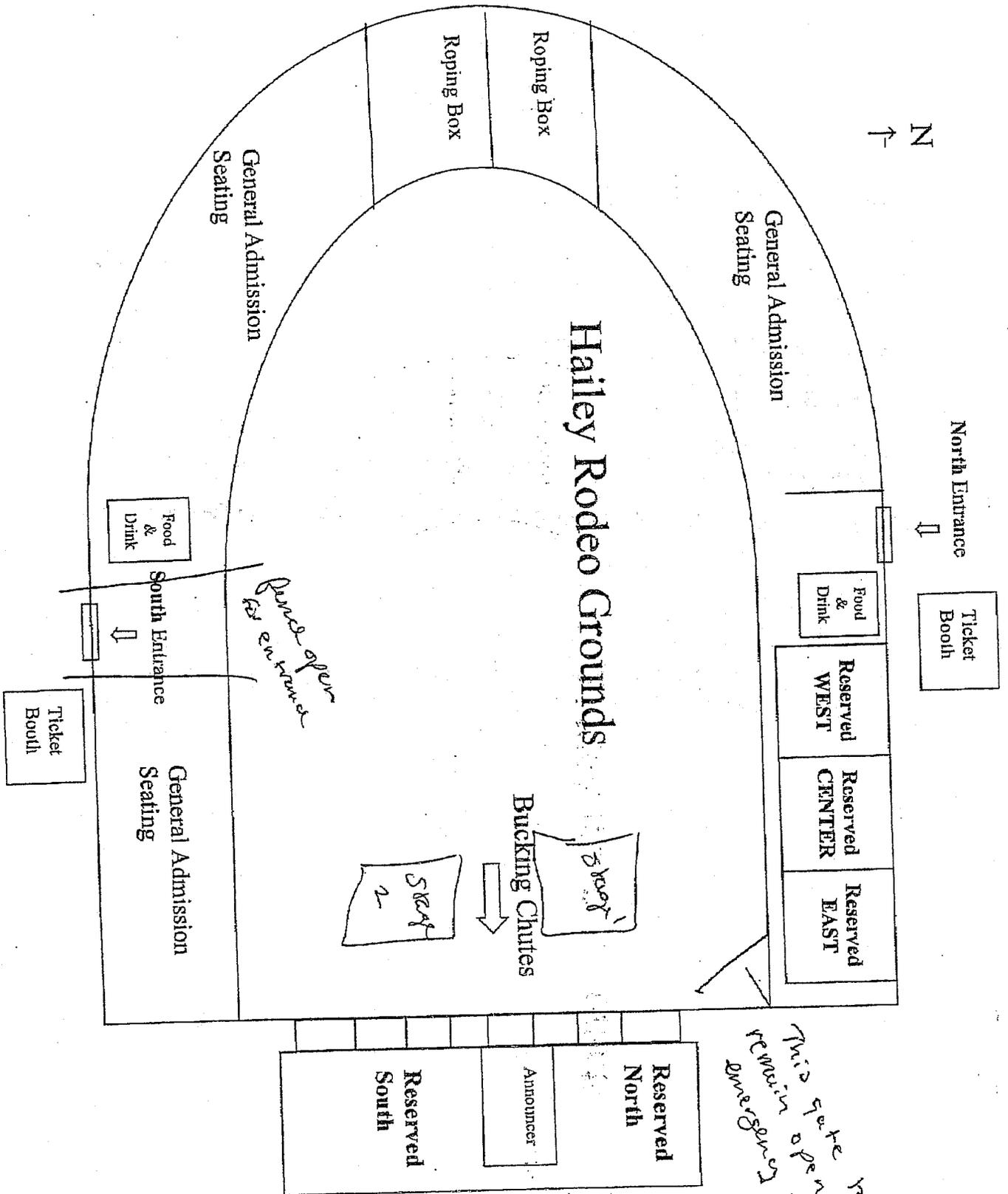
Muzzie Braun, Ernie Sites, Live Nudes, Kim Stocking Band, Hood Wink, Bruce Inness, Up a Creek, Piers Lamb, Andrew Allburgher, Damphools more to come.

Sound to be handled by Craig Campbell Flatbed Trailers will be used for the stages.

Food Concession

Beer and Wine will be sold

Volunteers from the Sawtooth Ranger will be on site during the event  
Sawtooth Rangers will provide portable toilets, trash removal and clean up.



<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 3/22/2010
PRODUCER Lester Kalmanson Agency, Inc. 235 South Maitland Avenue Maitland, FL 32794-0008 Phone (407) 645-5000	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURERS AFFORDING COVERAGE		
INSURER A: Underwriters at Lloyds, London CLCMO9242		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURED: National Horsemen's Association and/or its member club, Sawtooth Rangers Riding Club P.O. Box 74 Bellevue, ID 83313		

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. ASSOCIATION SHARED AGGREGATE LIMITS SHOWN MAY HAVE BEEN OR COULD BE REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
					DESCRIPTION	AMOUNT
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	CLCMO9242 #1992	1-1-2010	12-31-2010	EACH OCCURRENCE	\$ 1,000,000
	FIRE DAMAGE (Any one fire)				\$ 50,000	
					MED EXP (Any one person)	\$ 0
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 1,000,000
					DEDUCTIBLE (Ea occurrence)	\$ 2,500
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N/A			COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	N/A			AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY EA ACC	\$
					AGG	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	N/A			EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A			WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$

**"Spectator Liability Coverage for Horse Club Activities of Sawtooth Rangers Riding Club"**

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

Team Roping Competition  
Hailey, Idaho  
May 22 & 23, 2010

CERTIFICATE HOLDER

Event #: 2  
Team Roping Competition

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

**Trina Isaacs**

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**From:** Lorna Hazelton [lorna@peak-sales.com]

**Sent:** Thursday, March 18, 2010 7:12 AM

**To:** Trina Isaacs

Morning Trina

For our special permit application

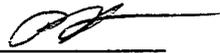
All funds (net of expenses) raised by the Sawtooth Rangers at the 4 special events listed below will be donated to the Hailey Rodeo Park.

- 1: May ~~8<sup>th</sup> and 9<sup>th</sup>~~ <sup>15<sup>th</sup></sup> ~~Open Expo~~ *Tractor Pull*
- 2: May 22<sup>nd</sup> and 23<sup>rd</sup> Team Roping and Team Sorting Competition
- 3: June 5<sup>th</sup> BBQ Cookoff
- 4: June 12<sup>th</sup> Band Fest

Thanks

Lorna Hazelton  
For the Sawtooth Rangers Riding Club

**AGENDA ITEM SUMMARY**

DATE: 5/24/10 DEPARTMENT: PW DEPT. HEAD SIGNATURE: 

**SUBJECT:** Motion to declare two trailers on 731 River St N as surplus property and authorize the mayor to sign the General Release form for removal of the trailers.

**AUTHORITY:**  ID Code \_\_\_\_\_  IAR \_\_\_\_\_  City Ordinance/Code \_\_\_\_\_  
(IF APPLICABLE)

**BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:**

This city property requires a cleaning of material that city personnel do not have the time to accomplish in the immediate future. Removal of this trailer will be of benefit to the city in making this property clean for the proposed housing project with BCHA. This item was pulled from the May 10 council meeting to clarify that there were two trailers and two separate individuals desired them.

**FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:** Caselle # \_\_\_\_\_  
Budget Line Item # \_\_\_\_\_ YTD Line Item Balance \$ \_\_\_\_\_  
Estimated Hours Spent to Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
Staff Contact: Tom Hellen Phone # 788-9830 Ext 14  
Comments:

**ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS:** (IF APPLICABLE)

___ City Attorney	___ Clerk / Finance Director	___ Engineer	___ Building
___ Library	___ Planning	___ Fire Dept.	_____
___ Safety Committee	___ P & Z Commission	___ Police	_____
___ Streets	___ Public Works, Parks	___ Mayor	_____

**RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:**

**ADMINISTRATIVE COMMENTS/APPROVAL:**

City Administrator \_\_\_\_\_ Dept. Head Attend Meeting (circle one) Yes No

**ACTION OF THE CITY COUNCIL:**

Date \_\_\_\_\_

City Clerk \_\_\_\_\_

**FOLLOW-UP:**

\*Ord./Res./Agmt./Order Originals: Record  
Copies (all info.): \_\_\_\_\_  
Instrument # \_\_\_\_\_

\*Additional/Exceptional Originals to: \_\_\_\_\_  
Copies (AIS only)

Draft 12-30-03

## GENERAL RELEASE

1. This is a General Release ("Release") given this \_\_\_\_\_ day of May, 2010, by and between Robert Andreason ("Releasor") and the City of Hailey ("Hailey").
2. Hailey owns real property located at 731 River Street, Hailey, Idaho ("River Street Property"), and a trailer is located on the River Street Property. Hailey does not believe the trailer has any value to the city and in exchange for the removal of the trailer, Hailey is willing to transfer the trailer to Releasor, subject to the terms and conditions of this Release.
3. This Release, as to the subjects to which it applies, constitutes a general release as to such subjects and the parties.
4. This Release shall inure to the benefit of and be binding upon the parties hereto and their successors, assigns and agents.
5. In exchange of the trailer and other good and valuable consideration, Releasor agrees to indemnify and hold Hailey harmless, and release and forever discharge Hailey, its legal representatives, agents, assigns and insurers, none of whom admit any liability, from any and all claims, demands, damages, attorney fees, costs, actions, causes of action or lawsuits of any kind or nature whatsoever, known or unknown, which each has had or may have, or may in the future discover, relating to each and every aspect of the condition of the trailer (*e.g.*, lack of structural integrity, lack of title or asbestos) and the removal of the trailer, or any matters connected thereto, no matter how remotely.
6. Releasor shall remove the trailer and all trailer parts on or before the 7<sup>th</sup> day of June, 2010, without any damage to the River Street Property or to the adjacent right-of-way improvements, such the curb, gutter and sidewalk.

GENERAL RELEASE/1

7. This Release by the parties shall not constitute any admission on their part as to any liability or responsibility, or any admission concerning the same, as to any of the subjects of this Release.

8. The parties hereby declare that the terms of this Release have been completely read and are fully understood and voluntarily accepted and that they had independent legal advice in this matter or elected to proceed herewith without the same, and that they enter into this Release without any coercion, threats or duress.

9. This document may be signed in multiple originals, and all such signed documents shall constitute one and the same document. Facsimile signatures shall be as valid as original signatures. This document shall be interpreted under the laws of the State of Idaho.

“Releasor”

\_\_\_\_\_  
Robert Andreason

“HAILEY”

By \_\_\_\_\_  
Richard L. Davis, Mayor

Attest:

\_\_\_\_\_  
Mary Cone, Clerk

GENERAL RELEASE/2

## GENERAL RELEASE

1. This is a General Release ("Release") given this \_\_\_\_ day of May, 2010. by and between Robert Colvin ("Releasor") and the City of Hailey ("Hailey").

2. Hailey owns real property located at 731 River Street, Hailey, Idaho ("River Street Property"), and a trailer is located on the River Street Property. Hailey does not believe the trailer has any value to the city and in exchange for the removal of the trailer, Hailey is willing to transfer the trailer to Releasor, subject to the terms and conditions of this Release.

3. This Release, as to the subjects to which it applies, constitutes a general release as to such subjects and the parties.

4. This Release shall inure to the benefit of and be binding upon the parties hereto and their successors, assigns and agents.

5. In exchange of the trailer and other good and valuable consideration, Releasor agrees to indemnify and hold Hailey harmless, and release and forever discharge Hailey, its legal representatives, agents, assigns and insurers, none of whom admit any liability, from any and all claims, demands, damages, attorney fees, costs, actions, causes of action or lawsuits of any kind or nature whatsoever, known or unknown, which each has had or may have, or may in the future discover, relating to each and every aspect of the condition of the trailer (*e.g.*, lack of structural integrity, lack of title or asbestos) and the removal of the trailer, or any matters connected thereto, no matter how remotely.

6. Releasor shall remove the trailer and all trailer parts on or before the 7<sup>th</sup> day of June, 2010, without any damage to the River Street Property or to the adjacent right-of-way improvements, such the curb, gutter and sidewalk.

GENERAL RELEASE/1

7. This Release by the parties shall not constitute any admission on their part as to any liability or responsibility, or any admission concerning the same, as to any of the subjects of this Release.

8. The parties hereby declare that the terms of this Release have been completely read and are fully understood and voluntarily accepted and that they had independent legal advice in this matter or elected to proceed herewith without the same, and that they enter into this Release without any coercion, threats or duress.

9. This document may be signed in multiple originals, and all such signed documents shall constitute one and the same document. Facsimile signatures shall be as valid as original signatures. This document shall be interpreted under the laws of the State of Idaho.

“Releasor”

\_\_\_\_\_  
Robert Colvin

“HAILEY”

By \_\_\_\_\_  
Richard L. Davis, Mayor

Attest:

\_\_\_\_\_  
Mary Cone, Clerk

GENERAL RELEASE/2



**AGENDA ITEM SUMMARY**

DATE: 5/24/10 DEPARTMENT: PW DEPT. HEAD SIGNATURE: 

**SUBJECT:** Motion to authorize the Mayor to sign the FEMA Community Acknowledgement Form for the Sweetwater Development to apply for a Fill Permit from FEMA for work in the floodplain along Shenandoah Dr and Countryside Dr.

**AUTHORITY:**  ID Code \_\_\_\_\_  IAR \_\_\_\_\_  City Ordinance/Code \_\_\_\_\_  
(IF APPLICABLE)

**BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:**

Hailey City Ordinance allows fill within a floodplain up to the designated Base Flood Elevation (BFE) with the requirements that it not raise the BFE and there is no loss of floodwater storage. Brockway Engineering is performing the engineering work to meet these criteria and obtain the FEMA approval.

**FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:** Caselle # \_\_\_\_\_  
Budget Line Item # \_\_\_\_\_ YTD Line Item Balance \$ \_\_\_\_\_  
Estimated Hours Spent to Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
Staff Contact: Tom Hellen Phone # 788-9830 Ext 14  
Comments:

**ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS:** (IF APPLICABLE)

<input type="checkbox"/> City Attorney	<input type="checkbox"/> Clerk / Finance Director	<input type="checkbox"/> Engineer	<input type="checkbox"/> Building
<input type="checkbox"/> Library	<input type="checkbox"/> Planning	<input type="checkbox"/> Fire Dept.	_____
<input type="checkbox"/> Safety Committee	<input type="checkbox"/> P & Z Commission	<input type="checkbox"/> Police	_____
<input type="checkbox"/> Streets	<input type="checkbox"/> Public Works, Parks	<input type="checkbox"/> Mayor	_____

**RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:**

**ADMINISTRATIVE COMMENTS/APPROVAL:**

City Administrator \_\_\_\_\_ Dept. Head Attend Meeting (circle one) Yes No

**ACTION OF THE CITY COUNCIL:**

Date \_\_\_\_\_

City Clerk \_\_\_\_\_

**FOLLOW-UP:**

\*Ord./Res./Agmt./Order Originals: Record  
Copies (all info.): \_\_\_\_\_  
Instrument # \_\_\_\_\_

\*Additional/Exceptional Originals to: \_\_\_\_\_  
Copies (AIS only)

Draft 12-30-03

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 1.38 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472, Paperwork Reduction Project (1660-0015). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. **Please do not send your completed survey to the above address.**

This form must be completed for requests involving the existing or proposed placement of fill (complete Section A) **OR** to provide acknowledgment of this request to remove a property from the SFHA which was previously located within the regulatory floodway (complete Section B).

This form must be completed and signed by the official responsible for floodplain management in the community. **The six digit NFIP community number and the subject property address must appear in the spaces provided below.** Incomplete submissions may result in processing delays.

Community Number: 160022      Property Name or Address: Shenandoah and Countryside, Hailey, ID 83333

**A. REQUESTS INVOLVING THE PLACEMENT OF FILL**

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this Letter of Map Revision Based on Fill (LOMR-F) or Conditional LOMR-F request. Based upon the community's review, we find the completed or proposed project meets or is designed to meet all of the community floodplain management requirements, including the requirement that no fill be placed in the regulatory floodway, and that all necessary Federal, State, and local permits have been, or in the case of a Conditional LOMR-F, will be obtained. In addition, we have determined that the land and any existing or proposed structures to be removed from the SFHA are or will be reasonably safe from flooding as defined in 44CFR 65.2(c), and that we have available upon request by DHS-FEMA, all analyses and documentation used to make this determination. For LOMR-F requests, we understand that this request is being forwarded to DHS-FEMA for a possible map revision. For LOMR-F or Conditional LOMR-F requests that have the potential to impact an endangered species, documentation will be submitted to show that we have complied with Sections 9 and 10 of the Endangered Species Act (ESA). Section 9 of the ESA prohibits anyone from "taking" or harming an endangered species. If an action might harm an endangered species, a permit is required from U.S. Fish and Wildlife Service or National Marine Fisheries Service under Section 10 of the ESA. For actions authorized, funded, or being carried out by Federal or State agencies, documentation from the agency showing its compliance with Section 7(a)(2) of the ESA will be submitted.

Community Comments: *NONE*

Community Official's Name and Title: <i>(Please Print or Type)</i> <i>RICK DAVIS, MAYOR</i>		Telephone No.: <i>(208) 788-4221</i>
Community Name: City of Hailey, Idaho	Community Official's Signature: (required)	Date:

**B. PROPERTY LOCATED WITHIN THE REGULATORY FLOODWAY**

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this request for a LOMA. We understand that this request is being forwarded to DHS-FEMA to determine if this property has been inadvertently included in the regulatory floodway. We acknowledge that no fill on this property has been or will be placed within the designated regulatory floodway. We find that the completed or proposed project meets or is designed to meet all of the community floodplain management requirements.

Community Comments: Project is not located within a regulatory floodway

Community Official's Name and Title: <i>(Please Print or Type)</i> <i>RICK DAVIS, MAYOR</i>		Telephone No.: <i>(208) 788-4221</i>
Community Name: City of Hailey, Idaho	Community Official's Signature (required):	Date:

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 1.63 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472, Paperwork Reduction Project (1660-0015). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. **Please do not send your completed survey to the above address.**

This form may be completed by the property owner, property owner's agent, licensed land surveyor, or registered professional engineer to support a request for a Letter of Map Amendment (LOMA), Conditional Letter of Map Amendment (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional Letter of Map Revision Based on Fill (CLOMR-F) for existing or proposed, single or multiple lots/structures. In order to process your request, all information on this form must be completed in its entirety. Incomplete submissions may result in processing delays. Please check the item below that describes your request:

<input type="checkbox"/> LOMA	A letter from DHS-FEMA stating that an existing structure or parcel of land that has not been elevated by fill (natural grade) would not be inundated by the base flood.
<input type="checkbox"/> CLOMA	A letter from DHS-FEMA stating that a proposed structure that is not to be elevated by fill (natural grade) would not be inundated by the base flood if built as proposed.
<input type="checkbox"/> LOMR-F	A letter from DHS-FEMA stating that an <b>existing</b> structure or parcel of land that has been elevated by fill would not be inundated by the base flood.
<input checked="" type="checkbox"/> CLOMR-F	A letter from DHS-FEMA stating that a parcel of land or <b>proposed</b> structure that will be elevated by fill would not be inundated by the base flood if fill is placed on the parcel as proposed or the structure is built as proposed.

Fill is defined as material from any source (including the subject property) placed that raises the ground to or above the Base Flood Elevation (BFE). The common construction practice of removing unsuitable existing material (topsoil) and backfilling with select structural material is not considered the placement of fill if the practice does not alter the existing (natural grade) elevation, which is at or above the BFE. **Fill that is placed before the date of the first National Flood Insurance Program (NFIP) map showing the area in a Special Flood Hazard Area (SFHA) is considered natural grade.**

Has fill been placed on your property to raise ground that was previously below the BFE?  Yes  No      If yes, when was fill placed?      / month/year

Will fill be placed on your property to raise ground that is below the BFE?  Yes  No      If yes, when will fill be placed?      10/2010 month/year

- Street Address of the Property (if request is for multiple structures, please attach additional sheet):  
Shenandoah and Countryside
- Legal description of Property (Lot, Block, Subdivision)(complete description as it appears in the Deed is not necessary):  
Woodside Sub #5: Lot 1, Lot 2, Parcel B1, and Parcel B2 of Block 16; Parcel F1 of Block 17; Lot 3 and Lot 4 of Block 19  
Woodside Sub #6: Lot 1 of Block 22
- Are you requesting that the SFHA designation be removed from (check one):
  - the entire legally recorded property?
  - a portion of land within the bounds of the property? (A certified metes and bounds description and map of the area to be removed, certified by a licensed land surveyor or registered professional engineer, are required. For the preferred format of metes and bounds descriptions, please refer to the MT-1 Form 1 Instructions.)
  - structures on the property? What are the dates of construction?
- Is this request for a (check one):
  - single structure
  - single lot
  - multiple structures (How many structures are involved in your request? List the number: )
  - multiple lots (How many lots are involved in your request? List the number: 6)

In addition to this form (MT-1 Form 1), ALL requests must include the following:

- Copy of the effective FIRM panel and/or Flood Boundary and Floodway Map (FBFM) (if applicable) on which the property location has been accurately plotted (property inadvertently located in the NFIP regulatory floodway will require Section B of MT-1 Form 3)
- Copy of the Plat Map for the property (with recordation data and stamp of the Recorder's Office)  
OR
- Copy of the property Deed (with recordation data and stamp of the Recorder's Office), accompanied by a tax assessor's map or other certified map showing the surveyed location of the property relative to local streets and watercourses
- Form 2 – Elevation Form. If the request is to remove the structure, and an Elevation Certificate has already been completed for this property, it may be submitted in lieu of Form 2. If the request is to remove the entire legally recorded property, or a portion thereof, the lowest lot elevation must be provided on Form 2.

Please include a map scale and North arrow on all maps submitted.

For LOMR-Fs and CLOMR-Fs, the following must be submitted in addition to the items listed above:

- Form 3 – Community Acknowledgment Form

Processing Fee (see instructions for appropriate mailing address; or, visit [http://www.fema.gov/plan/prevent/fhm/fhm\\_fees.shtml](http://www.fema.gov/plan/prevent/fhm/fhm_fees.shtml) for the most current fee schedule)

Revised fee schedules are published periodically, but no more than once annually, as noted in the Federal Register. Please note: single/multiple lot(s)/structure(s) LOMAs are fee exempt. The current review and processing fees are listed below:

Check the fee that applies to your request:

- \$325 (single lot/structure LOMR-F following a CLOMR-F)
- \$425 (single lot/structure LOMR-F)
- \$500 (single lot/structure CLOMA or CLOMR-F)
- \$700 (multiple lot/structure LOMR-F following a CLOMR-F, or multiple lot/structure CLOMA)
- \$800 (multiple lot/structure LOMR-F or CLOMR-F)

Please submit the Payment Information Form for remittance of applicable fees. Please make your check or money order payable to: National Flood Insurance Program.

All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

Applicant's Name: Sweetwater Company LLC  
Please Print or Type

Company:

Mailing Address: c/o James Laski  
P.O. Box 3310, Ketchum, ID 83340

Daytime Telephone No.: (208) 725-0055

E-Mail Address:  
(optional)

Fax No.:

Date

\_\_\_\_\_  
Signature of Applicant (required)

If you have any questions concerning DHS-FEMA policy, or the NFIP in general, please contact the FEMA Map Assistance Center toll free at 1-877-FEMA MAP (1-877-336-2627), or visit the Flood Hazard Mapping website at <http://www.fema.gov/fhm/>.

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This form must be completed for requests and must be completed and signed by a registered professional engineer or licensed land surveyor. A DHS - FEMA National Flood Insurance Program (NFIP) Elevation Certificate may be submitted in lieu of this form for single structure requests.

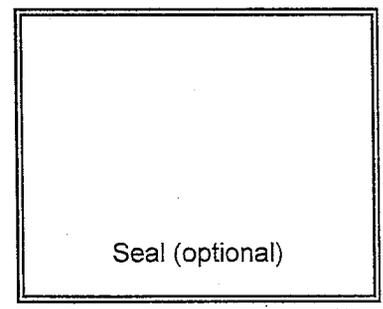
For requests to remove a structure on natural grade OR on engineered fill from the Special Flood Hazard Area (SFHA), submit the lowest adjacent grade (the lowest ground touching the structure), including an attached deck or garage. For requests to remove an entire parcel of land from the SFHA, provide the lowest lot elevation; or, if the request involves an area described by metes and bounds, provide the lowest elevation within the metes and bounds description. In order to process your request, all information on this form must be completed in its entirety. Incomplete submissions may result in processing delays.

1. NFIP Community Number: 160022      Property Name or Address: Shenandoah and Countryside, Hailey, ID 83333
  2. Are the elevations listed below based on  existing or  proposed conditions? (Check one)
  3. What is the elevation datum?  NGVD 29    NAVD 88    Other (explain)      If any of the elevations listed below were computed using a datum different than the datum used for the effective Flood Insurance Rate Map (FIRM) (e.g., NGVD 29 or NAVD 88), what was the conversion factor?
- Local Elevation +/- ft. = FIRM Datum**
4. Please provide the Latitude and Longitude of the most upstream edge of the structure (in decimal degrees):  
 Indicate Datum:  NAD83    NAD27      Lat.      Long.  
 Please provide the Latitude and Longitude of the most upstream edge of the property (in decimal degrees):  
 Indicate Datum:  NAD83    NAD27      43.5024 Lat. -114.2894 Long.
  5. For the existing or proposed structures listed below, what are the types of construction? (check all that apply)  
 crawl space    slab on grade    basement/enclosure    other (explain) N/A - structures not involved in request
  6. Has DHS - FEMA identified this area as subject to land subsidence or uplift? (see instructions)    Yes    No  
 If yes, what is the date of the current releveling?   /   (month/year)

Lot Number	Block Number	Lowest Lot Elevation*	Lowest Adjacent Grade To Structure	Base Flood Elevation	BFE Source	For DHS - FEMA Use Only
Lot 1	16, Sub #5		n/a	74.5-82.0	FIRM	
Lot 2	16, Sub #5		n/a	73-74.5	FIRM	

This certification is to be signed and sealed by a licensed land surveyor, registered professional engineer, or architect authorized by law to certify elevation information. All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

Certifier's Name: Charles G. Brockway	License No.: 9195	Expiration Date: 1/31/2011
Company Name: Brockway Engineering, PLLC	Telephone No.: (208) 736-8543	Fax No.: (208) 736-8506
Signature:	Date:	



\*For requests involving a portion of property, include the lowest ground elevation within the metes and bounds description.  
 Please note: If the Lowest Adjacent Grade to Structure is the only elevation provided, a determination will be issued for the structure only.

