

TOWN OF CHESTER
USE OF BUILDING PERMIT

_____ Town Hall

_____ Senior Center

Name & Description of Group _____

Is your group incorporated or chartered? _____ If yes, Certificate of Insurance naming the Town of Chester as an additional insured is required.

Type of Activity _____

Date & Hours of Use _____

Name of Town Resident(s) participating in Event _____

Person in Charge of Activity _____ Tel.# _____

Applied for by _____ Title _____

Address _____

Town Hall is closed on Fridays. Key needs to be picked up on Thursday for weekend programs and returned Monday morning.

It is agreed that all the term and conditions set forth by the Town Board of the Town of Chester will be observed and the person signing this permit agrees to be personally responsible for the performance of the terms and conditions thereof, and acknowledge that a copy of the policy has been received.

Signature _____ Date _____

Approved by _____ Date _____

BE SURE TO ASK FOR THE ALARM CODE!