



LAND USE PERMIT
LUP-SEA
Special Event Approvals

County _____

Event Name _____

Event Date _____

COUNTY ADMINISTRATOR / TOWN MANAGER OR DESIGNEE

Approval Date Print Name Signature Phone Number

Remarks: _____

LOCAL LAW ENFORCEMENT AGENCY

Approval Date Print Name Signature Phone Number

Remarks: _____

VIRGINIA STATE POLICE (Sergeant/Area/Division)

Approval Date Print Name Signature Phone Number

Remarks: _____

VDOT REPRESENTATIVE

Approval Date Print Name Signature

Remarks (include any changes that may be made by VDOT):

Cc: County/Town Administration
Local Law Enforcement
Virginia State Police
VDOT Residency Office / Maintenance AHQ