

# Event Notification Form



*To build long term customer confidence based on our competence, expertise, professionalism, pride, integrity and by being great to deal with.*

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## TO: The Organiser(s)

Any time there is a group of people together there is an inherent increase in risk. To help us understand and plan any increased hazards created by your event, and give us the opportunity to pass on any useful tips we have gained through our experience, please complete this application and submit at least **twenty five (25) working days** prior to your event to ensure any licensing requirements can be processed within the **statutory timeframes**.

Upon receipt, your application will be reviewed by the Horowhenua Emergency Management Committee. This committee comprises local emergency services, Council and support agencies. The committee has a statutory responsibility to manage the hazards in our community.

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## Traffic Management

Your event may require a Traffic Management Plan. Please refer to the enclosed Traffic Management Plan Flowchart (Appendix 1) to determine if this is the case.

Council is required to advertise all road closures. The cost of any road closure advertisement is payable by the Applicant/Organisation and will be on charged at cost to the Applicant. A quotation for advertising can be provided if requested. Traffic Management Plans **must** be lodged electronically through the Electronic Corridor Access Request System and not emailed or posted directly to Council. To access this site please go to [www.corridoraccess.co.nz](http://www.corridoraccess.co.nz)

Sporting and non-commercial groups can apply to the Manawatu Events Equipment Trust for assistance with a Traffic Management Plan and the hire of traffic management equipment at a nominal cost.

Manawatu Events Equipment Trust  
C/- Phil Pirie  
P O Box 10050  
Palmerston North

Phone/Fax 06 357 5383  
Email [ppirie@pirieconsultants.co.nz](mailto:ppirie@pirieconsultants.co.nz)

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## **Events Promotion**

Council provides the media with information regarding events in the Horowhenua. If you wish to list your event with us visit our Events page at [www.horowhenua.govt.nz/Leisure/Whats-On/Events/](http://www.horowhenua.govt.nz/Leisure/Whats-On/Events/) and add your event online.

Events such as yours are a vital part of the fabric of our community and the Committee acknowledges your efforts.

Thank you

**Horowhenua Emergency Management Committee**

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## Event Notification Form

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### Organisation and Contact Details

Organiser/s name

Postal Address  
Including Postcode

Physical Address  
Including Postcode  
*(if different)*

Contact phone

Mobile

Contact person on  
the day

Mobile

Email

Website

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### Event Details

Name of Event/  
Conference

Event status                      Confirmed                      Unconfirmed

If your Event/Conference is currently unconfirmed, please advise Council as soon as details are known.

Details of activity

Venue *(including physical address)*

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Event set up date

Event set up time

Event start date

Event start time

Event finish date

Event finish time

Pack down date *(includes pack down of equipment and clean up)*

Postponement date *(if applicable)*

Number of people attending *(please attach any advertising material and/or details supporting this information together with an estimate of the number of people attending).*

Programme of activities

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## **Event Planning**

**Clean Up** (The Organiser is responsible for all clean up) *(Please provide details on how you will manage the removal of waste from the event site. Please also provide contact details of any contractors/suppliers being utilised)*

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**Toilets** - are the existing toilet facilities adequate?

Yes          No

If **NO**, what temporary toilet facilities will the organiser provide on the day? *(Include numbers and locations)*

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**Amplified Sound** - will you be using amplified sound? *(Including the use of hand held sound equipment)*

Yes          No

If **YES**, please provide details of equipment used and location

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**Special Effects** - will you be using special effects? *(eg. stunts, fireworks etc)*

Yes          No

Under the Hazardous Substances and New Organisms Act 1996 (HSNO Act) a person wishing to conduct a firework display must be an Approved Handler who has a Test Certificate issued by a Test Certifier.

Test Certifiers able to issue Test Certificates for Approved Handlers can be located on the Environmental Risk Authority (ERMA) [website](#)

Details of type of special effects *((eg. stunts, fireworks, smoke)*

Details of timing of special effects *((eg. noise, light, pyrotechnics etc)*

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**Equipment and Structures** - will you be using equipment and structures?

Yes      No

If **YES**, what are you providing? (eg. *marquees, stages, scaffolding tables, chairs etc*)

**Site Plan attached**

Yes      No

Please attach a site plan indicating area to be used, location of all temporary structures and any other details, eg. stages, scaffolding, sound systems, marquees, temporary toilets, amusement devices, food outlets and location of special effects.

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**Energy Supplies**

Electricity - main supply	Generators	LPG Bottles (see <i>Regulatory Licences</i> )	BBQ/Fire (see <i>Regulatory Licences</i> )
Yes	Yes	Yes	Yes
No	No	No	No
N/A	N/A	N/A	N/A

What are you providing? (If *reticulating power supply*, provide details of registered electrician)

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**Public Liability Insurance** - Do you have Public Liability Insurance?

Yes          No          N/A

If **YES**, please detail below including any relevant exclusion/s. Please also attach a copy to this application.

**First Aid Arrangements**

Yes          No          N/A

If **YES**, please provide details including company name and contact details

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**Regulatory Licences**

If you answer **YES** to any of the questions below, please contact the Horowhenua District Council (phone 06 366 0999) and ask to speak to the Regulatory Services Department. Twenty (20) working days notice is required as a minimum. Charges may apply.

	Yes	No
<b>Building Consents</b> - may be required for the placement of temporary buildings eg. marquees, stages, scaffolding, structures		
<b>Liquor (Alcohol)</b> - will alcohol be sold or supplied at this event? (A licence may be required for the sale or supply of alcohol)		
<b>Food</b> - will food be sold at this event?		
<b>Amusement Device</b> - are you going to have merchandised amusement devices at this event eg. merry-go-round? (A permit is required for these to operate)		
<b>Fire Permit</b> - are you planning on having an open fire?		

For a Ministry of Business, Innovation & Employment Certificate contact [Occupational Safety and Health](#). Note: This is required for display of fireworks, scaffolding.

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If you answer **YES** to any of the questions below, please contact the [Ministry of Business Innovation and Employment](#)

	Yes	No
<b>Dangerous Goods</b>		
<b>Fireworks Display Permit</b>		

**Evacuation Scheme** (refer [NZ Fire Service](#))

Yes      No

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**Traffic Management Plans**

Traffic Management Plans are required for ALL events and activities carried out on any road reserve. These need to be prepared by qualified Site Traffic Management Supervisors (STMS) and forwarded to Council and/or State Highway Road Controlling Authority for approval.

All Traffic Management Plans and Event Notifications must be lodged electronically through the electronic Corridor Access Request system and not emailed directly to Council. Please use the following link to access this site: [www.corridoraccess.co.nz](http://www.corridoraccess.co.nz)

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**Road Closure Required** (Refer to Appendix A)

Yes      No

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**Marshalls**

Please indicate on your plan the location of your marshals. Marshals cannot control traffic unless they are qualified traffic controllers.

Number of marshals

Role of marshals

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**Street Activities**

If this event requires a road closure, have you submitted a Traffic Management Plan with this application?

Yes      No      N/A

Name of road/s and/or section of road/s requiring closure (*eg. Queen Street between xyz and zxy*). Please also include the time of the closure/s

**Sporting Activities**

Course description (*eg. swim, run, cycle routes*) and times

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**Parades and Marches**

If you intend to parade/march within Road Reserve, a Traffic Management Plan will be required to be submitted with this application.

Have you submitted a Traffic Management Plan with this application?

Yes      No      N/A

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**Privacy Act 1993**

The information collected is to assist in the effective facilitation of your event. It may be distributed to Horowhenua District Council departments, external agencies and the emergency services for this purpose.

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**Fees and Payment Details**

Please check the fees payable on this application on our Fees and Charges page before making payment.

Payment can be made by cheque, EFTPOS or cash. It is recommended that payment is made electronically using internet banking. Council's Bank details are:

<b>Name</b>	<b>Bank</b>	<b>Branch</b>	<b>Account Number</b>
Horowhenua District Council	BNZ	Levin	02-0668-0070607-02

**Please note:** on receipt of an application, Council will determine whether the application needs to be notified and will then advise you of the required notification fee. No application will be processed until Council is satisfied that all information needed to assess the application is received, together with the necessary fee.

Should it be necessary for Council to refund part or all of the fee paid, please provide below the details of the bank account you wish this to be paid to.

**Account Name**

**Bank Account Number**

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**Signature and Declaration** - Signature of Applicant or person authorised to sign on behalf of Applicant.

By typing your name in the space provided below, you are 'electronically signing' this form.

**Name:**

**Date:**

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HDC is committed to being environmentally sustainable, therefore please submit your application electronically to:

[recordsprocessing@horowhenua.govt.nz](mailto:recordsprocessing@horowhenua.govt.nz)

Please remember to attach any supporting documents.

If you require further information please contact a member of our Customer Experience team on:  
06 366 0999



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**Office Use Only**

Name of Council Officer

Date

Date forwarded to EMC group email

# TRAFFIC MANAGEMENT PLAN FLOWCHART

