

Town of Somers
 Office of the Supervisor
 335 Route 202
 Somers, NY 10589

TOWN BUILDINGS PERMIT APPLICATION

Name of group	Number in group	Type of function
Date of event	Time	
Town Building and Room Request		
Permit applicant Name (first/last)		
Home Phone	Cell Phone	email
Mailing address		
Street Address (if different from above)		
Organizations, churches, businesses & schools must provide a Certificate of Insurance with general liability combined single limits of one million dollars (\$1,000,000.00) for bodily injury and property damage, and include in the description that the Town of Somers is listed as an additional insured for the date of use of the facility. Certificate attached Y ___ N ___ ON FILE ___		

The undersigned is over 21 years of age and has read the regulations for the use of the facility. The undersigned on behalf of himself/herself and/or the above-named organization agrees to abide by the regulations and to defend, indemnify and hold the Town of Somers, its officials, agents and employees harmless from and against any and all claims, suits, damages, and /or liabilities arising out of the use of the facility. It is further agreed that all claims against the Town for any damage or injury arising out of the use of the facility are hereby waived and released, and that the Town will be reimbursed for the cost of any damage or breakage arising out of the use of the facility

SIGNATURE _____ DATE _____

To be completed by Town of Somers Staff

Authorized By	Date
Restrictions	