

Rodney Bass



Board of Education

Facilities Management Department

Phone (203) 977-4612 - Fax (203) 977-5547

PERMIT #
14132

Stamford Public Schools
EXCELLENCE IS THE POINT.

March 2015

SCHOOL BUILDING USE APPLICATION FOR OUTSIDE COMMUNITY & ORGANIZATIONS

MAILING ADDRESS: Stamford Public Schools, Facilities Department, 888 Washington Blvd., Stamford, CT 06901

Name of School Requested for Event: STAMFORD High School	Space Desired: MAIN & AUX Gym	Purpose: Little League Baseball
Anticipated # of People: Adults: 4 Children: 30	Organization's Name: Stamford Little League	Non-Profit Tax ID#:
Person in Charge of Payment for the Event: SCOTT BEOWN VP OR JON HOCH CO PRES		
Billing Address: P.O. Box 4567 Stamford CT 06907		Phone Number: 203-348-2645
Event Date(s): <input checked="" type="checkbox"/> Multiple Days <input type="checkbox"/> Single Day MARCH 8, 10, 11, 12, 14, 16, 17, 19, 20, 21, 22, 23, 24, 26, 27, 28, 29, 30	Event Start Time: AM/PM 7 PM - VARIES below	Event Ending Time: AM/PM 9 PM
Event Description: Baseball Practices		
MON - 16, 23, 30 MAIN AFTER 7PM - 9PM		SAT 21st + 28th MAIN gym 8AM - 1PM
TUES - 10th AUX Gym after 7PM - 9PM		SAT 21 + 28 MAIN gym 6:30 - 9:30PM
TUES 17, 24, 31 Both Gyms after 6 PM - 9 PM		SUN 8th AUX Gym 8AM to 4 PM
Wed 11th AUX Gym 7PM - 9PM		MAIN Gym 1 PM to 4 PM
Thurs 12th AUX gym 7PM - 9PM		Sunday 15, 22, 29
Thurs 19th, 26th AUX gym after 6PM - 9PM		Both Gyms 8 AM to 1:30 PM
Fri 20, 27 Both Gyms 6PM - 9PM		
SAT 14th MAIN gym 3PM - 7PM		
Will there be food at this event?: NO	Food type/location:	
What time would you like the building open?:	Time building will be completely vacated:	
Additional requests for the event (tables, chairs, bleachers, podium, etc.):		

Principal Rodney Bass Date 4/7/15

Police Department D. J. Ste Date 1-8-15

Risk Manager _____ Date _____

Fire Marshall _____ Date _____

Facilities Department Michelle Bee Date _____

Applicant's Signature Scott Beown Date 1/6/15

Cell # 860-490-3467

Required Total Custodian Hrs. _____

Custodians Fee _____ Rental Fee _____ Energy Surcharge Fee _____

Required Payment: _____ Date Paid: _____ Cash/Check #: _____

Full payment required before permit application is approved. Custodian costs and Energy Surcharge are estimates. Additional charges maybe assessed after the event due to additional work hours required, these hours will be billed accordingly. The Building Use Regulations on the attached permit will be strictly enforced.

JAN & Feb 2015

JTS

Tues & Thurs. 1-11 PM 2:15-7:00



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PERMIT #
14125

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SCHOOL BUILDING USE APPLICATION FOR OUTSIDE COMMUNITY & ORGANIZATIONS

MAILING ADDRESS: Stamford Public Schools, Facilities Department, 888 Washington Blvd., Stamford, CT 06901

Name of School Requested for Event: <u>Stamford High School</u>	Space Desired: <u>AUX & MAIN Gym</u>	Purpose: <u>Little League Baseball</u>
Anticipated # of People: Adults: <u>4</u> Children: <u>30</u>	Organization's Name: <u>Stamford Little League</u>	Non-Profit Tax ID#:
Person in Charge of Payment for the Event: <u>SCOTT BROWN V.P. or Jon Hoch Co Pres</u>		
Billing Address: <u>P.O. Box 4567 Stamford, CT 06907</u>		Phone Number: <u>203-348-2645</u>
Event Date(s): <input checked="" type="checkbox"/> Multiple Days <input type="checkbox"/> Single Day <u>Tuesday & Thursday JAN 6, 8, 13, 15, 20, 22, 27, & 29 Feb 3, 5, 7, 12, 17, 19, 24, 26</u>	Event Start Time: AM/PM <u>7 PM</u>	Event Ending Time: AM/PM <u>9 PM</u>
Event Description: <u>Little League baseball WORKOUTS</u>		
<u>AUX Gym Tuesday JAN 6, 13, 20, 27 AFTER 7PM</u>		
<u>AUX Gym Thursday JAN 8, 15, 22, 29 AFTER 7PM</u>		
<u>MAIN Gym Tuesday Feb 3, 7, 17 AFTER 7PM</u>		
<u>Both Gyms Tuesday Feb 24 / AUX Gym THURS. Feb 5, 12, 19, 26 AFTER 7PM</u>		
Will there be food at this event?: <u>NO</u>	Food type/location:	
What time would you like the building open?: <u>7 PM</u>	Time building will be completely vacated: <u>9 PM</u>	
Additional requests for the event (tables, chairs, bleachers, podium, etc.):		

Rodney Bass 1/7/15
Principal Date

W. H. S. C. 1.8.15
Police Department Date

Risk Manager Date

Fire Marshall Date

Michelle Bass
Facilities Department Date

Scott Brown 1/6/15
Applicant's Signature Date
Cell # 860-490-3467

Required Total Custodian Hrs. _____

Custodians Fee _____ Rental Fee _____ Energy Surcharge Fee _____

Required Payment: _____ Date Paid: _____ Cash/Check #: _____

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PERMIT #
14121

SCHOOL BUILDING USE APPLICATION FOR OUTSIDE COMMUNITY & ORGANIZATIONS

MAILING ADDRESS: Stamford Public Schools, Facilities Department, 888 Washington Blvd., Stamford, CT 06901

Name of School Requested for Event: <i>Dolan Middle School</i>	Space Desired: <i>Gymnasium</i>	Purpose: <i>Little League Tryouts</i>
Anticipated # of People: Adults: <i>20</i> Children: <i>70</i>	Organization's Name: <i>STAMFORD Little League</i>	Non-Profit Tax ID#:
Person in Charge of Payment for the Event: <i>John Hoch / Scott Brown 203-388-2720</i>		
Billing Address: <i>P.O. Box 4567 Stamford CT 06907</i>		Phone Number: <i>203-219-5264</i>
Event Date(s): <input type="checkbox"/> Multiple Days <input checked="" type="checkbox"/> Single Day <i>MARCH 7, 2015 Saturday</i>	Event Start Time: AM/PM <i>8:30 AM</i>	Event Ending Time: AM/PM <i>4:30 PM</i>
Event Description: <i>Little League TRYOUTS, CHILDREN AGES 8-12</i>		
<i>* CALL SCOTT BROWN @ 203-388-2720 when approved or if any questions.</i>		
<i>Thank you, Scott</i>		
Will there be food at this event?: <i>No</i>	Food type/location:	
What time would you like the building open?: <i>8:30 AM</i>	Time building will be completely vacated: <i>4:30 PM</i>	
Additional requests for the event (tables, chairs, bleachers, podium, etc.): <i>3 TABLES AND 10 CHAIRS IN HALLWAY OUTSIDE GYM</i>		

[Signature] _____
Principal Date *1/14/15*

[Signature] _____
Police Department Date *1-8-15*

Risk Manager Date

Fire Marshal Date

[Signature] _____
Facilities Department Date

[Signature] _____
Applicant's Signature Date *1/5/15*
203-388-2720

Required Total Custodian Hrs. 8

Custodians Fee _____ Rental Fee _____ Energy Surcharge Fee _____

Required Payment: _____ Date Paid: _____ Cash/Check #: _____

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14131

SCHOOL BUILDING USE APPLICATION FOR OUTSIDE COMMUNITY & ORGANIZATIONS

MAILING ADDRESS: Stamford Public Schools, Facilities Department, 888 Washington Blvd., Stamford, CT 06901

Name of School Requested for Event: <u>Togus School</u>		Space Desired: <u>Ball Field</u>	Purpose: <u>Instructional Baseball</u>
Anticipated # of People: Adults: <u>6</u> Children: <u>30</u>		Organization's Name: <u>Stamford Little League</u>	Non-Profit Tax ID#:
Person in Charge of Payment for the Event: <u>SCOTT BROWN / JON HOCH</u>			
Billing Address: <u>P.O. Box 4567</u>		Phone Number: <u>203-348-2645</u>	
Event Date(s): <input checked="" type="checkbox"/> Multiple Days <input type="checkbox"/> Single Day <u>MAY 1 thru JULY 31</u> <u>M-F</u> <u>SAT-SUN</u>		Event Start Time: AM/PM <u>5 PM</u> <u>9 AM</u>	Event Ending Time: AM/PM <u>8 PM</u> <u>5 PM</u>
Event Description: <u>Little League instructional Baseball Ages 4-6</u>			
Will there be food at this event?: <u>No</u>		Food type/location:	
What time would you like the building open?: <u>N/A</u>		Time building will be completely vacated:	
Additional requests for the event (tables, chairs, bleachers, podium, etc.):			

Amy Baldotti
Principal
Date 3/24/15

Det. S. L.
Police Department
Date 1-8-15

Chris M...
Risk Manager
Date 5/29/15

Michelle...
Fire Marshal
Date 5/1/15

Scott Brown
Facilities Department
Date 1/8/15

Applicant's Signature
303-490-3467

Required Total Custodian Hrs. _____

Custodians Fee _____ Rental Fee _____ Energy Surcharge Fee _____

Required Payment: _____ Date Paid: _____ Cash/Check #: _____

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PERMIT #
14126

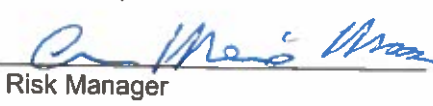
SCHOOL BUILDING USE APPLICATION FOR OUTSIDE COMMUNITY & ORGANIZATIONS


MAILING ADDRESS: Stamford Public Schools, Facilities Department, 888 Washington Blvd., Stamford, CT 06901

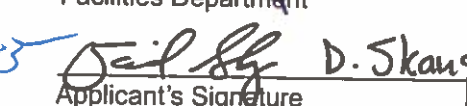
Name of School Requested for Event: Scotfield Middle School	Space Desired: Baseball Field	Purpose: Baseball Practice & Games
Anticipated # of People: Adults: 20-30 Children: 20	Organization's Name: Stamford Little League	Non-Profit Tax ID#:
Person in Charge of Payment for the Event: JON HOCH Scott Brown		
Billing Address: P.O. Box 4568		Phone Number: 203-322-3133
Event Date(s): <input checked="" type="checkbox"/> Multiple Days <input type="checkbox"/> Single Day April 1st to July 31st	Event Start Time: AM/PM M-F 5:00pm S&S 8:00am	Event Ending Time: AM/PM M-F 8pm S&S 8pm
Event Description: Stamford Little League would like to request the use of the baseball field for practices and games. Starting 4/1/15 to 7/31/15. During the week from 5pm to 8pm and on the weekends from 8am to 8pm. Thank you		
Will there be food at this event?: No	Food type/location:	
What time would you like the building open?: N/A	Time building will be completely vacated: N/A	
Additional requests for the event (tables, chairs, bleachers, podium, etc.): N/A		

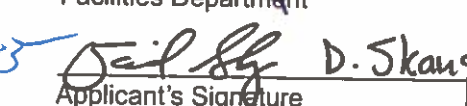
Principal:  Date: **1/15/15**

Police Department:  Date: **1/30/15**

Risk Manager:  Date: **5/20/15**

Fire Marshall:  Date: **4/1/15**

Facilities Department:  Date: **15 Jan 2015**

Applicant's Signature:  Date: **15 Jan 2015**

Required Total Custodian Hrs. _____

Custodians Fee _____ Rental Fee _____ Energy Surcharge Fee _____

Required Payment: _____ Date Paid: _____ Cash/Check #: _____

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SCHOOL BUILDING USE APPLICATION FOR OUTSIDE COMMUNITY & ORGANIZATIONS

MAILING ADDRESS: Stamford Public Schools, Facilities Department, 888 Washington Blvd., Stamford, CT 06901

Name of School Requested for Event: <u>Northeast Elementary</u>		Space Desired: <u>Baseball Fields</u>	Purpose: <u>Baseball Practice & Games</u>
Anticipated # of People: Adults: <u>15-20</u> Children: <u>20-30</u>		Organization's Name: <u>Stamford Little League</u>	Non-Profit Tax ID#:
Person in Charge of Payment for the Event: <u>JON HOCH / Scott Brown</u>			
Billing Address: <u>P.O. Box 4568</u>			Phone Number: <u>203-322-3133</u>
Event Date(s): <input checked="" type="checkbox"/> Multiple Days <input type="checkbox"/> Single Day <u>April 1st to July 31st</u>		Event Start Time: AM/PM <u>M-F 5pm S&S 8am</u>	Event Ending Time: AM/PM <u>M-F 8pm S&S 8pm</u>
Event Description: <u>Stamford little league would like to request the use of the baseball fields for practices and games. Starting 4/1/2015 to 7/31/15. During the week from 5pm to 8pm and on the weekends from 8am to 8pm. Thank You</u>			
Will there be food at this event?: <u>NO</u>		Food type/location:	
What time would you like the building open?: <u>N/A</u>		Time building will be completely vacated: <u>N/A</u>	
Additional requests for the event (tables, chairs, bleachers, podium, etc.): <u>N/A</u>			

[Signature] 1/15/15
Principal Date

[Signature] 1/30/15
Police Department Date

[Signature] 5/20/15
Risk Manager Date

Fire Marshal Date
[Signature] 4/1/15
Facilities Department Date

Applicant's Signature Date
[Signature] D. Skaug 15 Jan 2015

Required Total Custodian Hrs. _____

Custodians Fee _____ Rental Fee _____ Energy Surcharge Fee _____

Required Payment: _____ Date Paid: _____ Cash/Check #: _____

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PERMIT #
14124

SCHOOL BUILDING USE APPLICATION FOR OUTSIDE COMMUNITY & ORGANIZATIONS

MAILING ADDRESS: Stamford Public Schools, Facilities Department, 888 Washington Blvd., Stamford, CT 06901

Name of School Requested for Event: <i>DOLAN middle School</i>	Space Desired: <i>Baseball Fields</i>	Purpose: <i>Little League Baseball</i>
Anticipated # of People: Adults: <i>6</i> Children: <i>40</i>	Organization's Name: <i>Stamford Little League</i>	Non-Profit Tax ID#:
Person in Charge of Payment for the Event: <i>Jon Hoch / Scott Brown (203) 388-2720</i>		
Billing Address: <i>P.O. Box 4567 Stamford, CT 06907</i>	Phone Number: <i>203-219-5264</i>	
Event Date(s): <input checked="" type="checkbox"/> Multiple Days <input type="checkbox"/> Single Day <i>M-F morn 21 thru August 1</i>	Event Start Time: AM/PM <i>5 PM</i>	Event Ending Time: AM/PM <i>DARK</i>
<i>SAT & Sun morn 21 thru Aug 1</i>	<i>8 AM</i>	<i>DARK</i>
Event Description: <i>Little league Baseball PRACTICES, middle school events to take precedent. Field use only when not used by Middle School.</i>		
Will there be food at this event?: <i>NO</i>		
Food type/location:		
What time would you like the building open?: <i>N/A</i>		
Time building will be completely vacated:		
Additional requests for the event (tables, chairs, bleachers, podium, etc.): <i>No</i>		

[Signature] _____ *11/14/15* _____
Principal Date
[Signature] _____ *1.8.15* _____
Police Department Date
[Signature] _____ *3/20/15* _____
Risk Manager Date

Fire Marshall Date
[Signature] _____ *3/21/15* _____
Facilities Department Date
[Signature] _____ *1/5/15* _____
Applicant's Signature Date
203-388-2720

Required Total Custodian Hrs. *NONE*

Custodians Fee _____ Rental Fee _____ Energy Surcharge Fee _____

Required Payment: _____ Date Paid: _____ Cash/Check #: _____

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14123

SCHOOL BUILDING USE APPLICATION FOR OUTSIDE COMMUNITY & ORGANIZATIONS

MAILING ADDRESS: Stamford Public Schools, Facilities Department, 888 Washington Blvd., Stamford, CT 06901

Name of School Requested for Event: <u>Davenport Elementary</u>		Space Desired: <u>Baseball Fields</u>	Purpose: <u>L.L. Practices & GAMES</u>
Anticipated # of People: Adults: <u>4</u> Children: <u>30</u>		Organization's Name: <u>Stamford Little League</u>	Non-Profit Tax ID#:
Person in Charge of Payment for the Event: <u>Jon Hoch</u>			
Billing Address: <u>P.O. Box 4567 Stamford CT 06907</u>		Phone Number: <u>203-219-5264</u>	
Event Date(s): <input checked="" type="checkbox"/> Multiple Days <input type="checkbox"/> Single Day <u>April 1 thru Aug 1</u>		Event Start Time: AM/PM <u>M-F 4pm to Dark SAT & SUN Dark 12pm</u>	Event Ending Time: AM/PM <u>DARK</u>
Event Description: <u>Little League Baseball children ages 5-9 practices and games.</u>			
<u>Tuesday/Thursday until 6/21, then M-F</u>			
<u>Weekends noon-dark until 6/21, then Sat-dark</u>			
Will there be food at this event?: <u>NO</u>		Food type/location:	
What time would you like the building open?: <u>N/A</u>		Time building will be completely vacated:	
Additional requests for the event (tables, chairs, bleachers, podium, etc.):			

Principal: [Signature] Date: 1/9/15
 Fire Marshal: [Signature] Date: 1/22/15
 Police Department: [Signature] Date: 1-8-15
 Facilities Department: [Signature] Date: 1/22/15
 Risk Manager: [Signature] Date: 5/20/15
 Applicant's Signature: [Signature] Date: 1/5/15
 Phone: 203-388-2720

Required Total Custodian Hrs. _____

Custodians Fee _____ Rental Fee _____ Energy Surcharge Fee _____

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