



# NEW YORK CITY DEPARTMENT OF EDUCATION

## EXTENDED USE APPLICATION

Please PRINT all information. Please see REVERSE for instructions.

**PERMIT NUMBER** \_\_\_\_\_  
(This number will be generated by the Extended Use System and entered by the Regional Operations Center)

PAGE \_\_\_\_ OF \_\_\_\_

### I. ORGANIZATION INFORMATION (To be Completed by the Applicant) (\* Required Information)

\* Name of Applicant/Org: \_\_\_\_\_ \* Tax ID # \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Email: \_\_\_\_\_ and/or Fax #: \_\_\_\_\_ \*Phone: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_ \* Title of Rep: \_\_\_\_\_

\*Permit Period (mm/dd/yyyy) From: \_\_\_\_\_ To: \_\_\_\_\_

\*Description of Activities to be conducted: \_\_\_\_\_ Nature of Event: \_\_\_\_\_

\*Name of Activities Supervisor: \_\_\_\_\_ \* Anticipated Attendance: \_\_\_\_\_ \* Liability Insurance  Yes  No

### SPECIAL REQUESTS (Check all that apply)

<input type="checkbox"/> Swimming Pool (If checked) Name of Teacher _____	Red Cross Water License: _____
<input type="checkbox"/> Shop Rooms (If checked) Name of Teacher _____	License _____
<input type="checkbox"/> Home Eco Room (If checked) Name of Teacher _____	License _____
Admission Fee (If checked) Enter Amount and Beneficiary	Amount: \$ _____ *Beneficiary _____
	*Address _____
	*Phone # _____
	Email _____
<input type="checkbox"/> Sale of Goods (If checked) Indicated Type of Item _____	Donations _____
<input type="checkbox"/> NYPDSSD Security Coverage <input type="checkbox"/> Stage Scenery <input type="checkbox"/> School Personnel Required	

### AUTHORIZED REPRESENTATIVE APPROVAL

As the applicant, I/we hereby certify that the information I/we have provided on the form is complete and accurate to the best of my/our knowledge. I/we understand that rates are subject to change by DOE. I/we agree to observe all the rules and regulations contained in the SOPM chapter on *Extended Use of School Buildings*, and in this application, to conform to all applicable New York State laws and regulations governing the extended use of school buildings, to exercise the utmost care in the use of school premises and property, to make good any damage arising from the occupancy of any person on the school premises, to provide adequate supervision of the activity at all times, to complete an incident report when safety/criminal incidents occur and return it to the principal and/or the SSA on duty, and to save the DOE harmless from any claim, loss or damage by reason of any act on the part of the applicant, its members, officers, agents or any person using the premises on the invitation of the applicant. I/we understand that failure to do so may lead to the cancellation of the permit, the denial of future permit applications, or other legal action by the DOE. I/we also understand that I/we must notify the DOE of any cancellation 48 hours prior to the date of the scheduled event. Failure to do so will result in a 15% charge of the fee for that particular day.

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

### II. PERMIT DETAIL INFORMATION (To be completed by Custodian and Applicant [if applicable]. (\* Required Information))

Please affix additional copies of this section to this permit application if you require additional permit detail space.

\*Boro/School: \_\_\_\_\_ \*Email of Principal or School: \_\_\_\_\_

\*District: \_\_\_\_\_ \*School Mailing Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Name of Custodian Engineer: \_\_\_\_\_ \*Phone #: \_\_\_\_\_ \*Email: \_\_\_\_\_

### PERMIT DETAILS

[ Check <input checked="" type="checkbox"/> Under Day(s) ]	*Days of the Week							*Date From	*Date To	*Time From	*Time To
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	mm/dd/yyyy	mm/dd/yyyy	hh:mm AM/PM	hh:mm AM/PM
<b>*SPACE USAGE</b>			<b>SPECIAL SERVICE (if necessary, complete below)</b>								
Space Description	Q'nty	Service Description					Hours	Straight	Time and 1/2		
Athletic Field		Cleaner									
Auditorium – High School		Fireman/Handyman (Local 74)									
Auditorium – J.H.S., Elementary		Fireman (Local 94)									
Baths (5 or more heads)		Stationary Engineer									
Baths (less than 5 heads)		Watchman									
Bleachers							Y	N			
Cafeteria		Breakfast							N/A	N/A	
Classrooms, Teacher Rooms		Shop Mechanics							N/A	N/A	
Furniture Movement		Cafeteria Cleanup – Elem							N/A	N/A	
Gyms		Cafeteria Cleanup – H.S.							N/A	N/A	
Lockers Rooms (4 or more Cl rms.)		Cafeteria Cleanup – J.H.S.							N/A	N/A	
Locker Rooms (1-3 Cl rms.)											
Special Rooms							Hours	Straight	Fixed		
Swimming Pools		Pool Showers									

### III. PERMIT COST (to be completed by the Regional Operations Center).

Total # of Permit Details: \_\_\_\_\_ **GRAND TOTAL** (All permit details) \$ \_\_\_\_\_

### IV. CUSTODIAN'S CONFIRMATION OF NEED AND AVAILABILITY OF ROOMS

Take the Field Waiver Approved Total # of Permit Details: \_\_\_\_\_  
Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### V. PRINCIPAL'S/DESIGNEE'S APPROVAL FOR USE OF BUILDING BY APPLICANT ORGANIZATION

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### VI. ROC'S/DESIGNEE'S APPROVAL FOR USE OF BUILDING BY APPLICANT ORGANIZATION

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS – EXTENDED USE APPLICATION

Revised: August 2, 2006

### General:

- Please make certain to **PRINT** all information requested except for signatures.
- A Permit must be initiated **at least 30 days prior to the scheduled event.**

### Permit Number:

This number will be generated by the Extended Use System. The Regional Operations Center (ROC) will enter this system generated number on the application.

### Part I – Organization Information

The applicant organization is required to complete all of the items marked by an asterisk (\*). Every attempt should be made to complete all items.

#### **Special Requests**

Check all of the items that apply to the requested activity. Most are self-explanatory.

- Check box if you require New York Police Department School Security Division (NYPDSSD) agents.
- Check box if you require school personnel to be available. For example, do you require assistance in operating special equipment? Has the principal requested this?

#### **Authorized Representative Approval**

The authorized representative (see section I) must sign and date this section.

### Part II – Permit Detail Information

This section is self-explanatory and should be completed by the custodian, and when necessary, the representative from the applicant organization.

- All items marked with an asterisk must be completed.
- Place a number in the column marked “Q’nty” (Quantity), which represents the number required for each area of space.
- Please affix additional copies of this section to the permit application if you require additional permit detail space.

### Part III – Permit Cost

This is the total cost of the space requested.

### Part IV – Custodian’s Confirmation of Need and Availability of Rooms

#### **Take the Field Waiver**

The custodian must check this box if the applicant organization has presented him/her with a letter from the Take the Field organization, which indicates that authorization, has been given under the provisions of the agreement between the DOE and Take the Field, to allow the applicant organization to use the athletic field **ONLY** at no cost to the organization.

The custodian must print his/her name and sign and date the application.

### Part V – Principal’s/Designee’s Approval for use of Building by Applicant Organization

The principal or his/her designee must print and sign his/her name, and date the application. This signature authorizes the custodian to allow the applicant organization into the building at the specified dates and times.

### Part VI – ROC’s/Designee’s Approval for use of Building by Applicant Organization

The Regional Operation Center (ROC) will ensure that all levels of approval have been obtained and entered into the online system. The applicant organization will then receive an email (or fax if no email address was provided) stating that the Permit is approved pending payment. Please note that the ROC will not process the application if payment and all supporting documentation have not been submitted prior to the event date.



# NEW YORK CITY DEPARTMENT OF EDUCATION

## EXTENDED USE APPLICATION – PERMIT DETAIL INFORMATION

The Permit Detail Information sections below are to be completed if additional Permit Detail space is required to complete your permit application. Please note that each page allows for only (2) two additional details. If you only require one detail, then cross out the extra space detail or leave blank – do not cut it from the sheet. Otherwise, you will simply fill out as many sections you require, totaling each and affixing the copies to the original permit. The TOTAL of each additional Permit Detail Section is to be included in the GRAND TOTAL on the original permit document (Section III). Place the Permit Number as it appears in the original application in the space provided.

**PAGE** \_\_\_\_ **OF** \_\_\_\_

**PERMIT NUMBER** \_\_\_\_\_

\*Boro/School: \_\_\_\_\_ \*Email of Principal or School: \_\_\_\_\_

\*District: \_\_\_\_\_ \*School Mailing Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Name of Custodian Engineer: \_\_\_\_\_ \*Phone #: \_\_\_\_\_ \*Email: \_\_\_\_\_

### PERMIT DETAILS

	*Days of the Week							*Date From	*Date To	*Time From	*Time To
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	mm/dd/yyyy	mm/dd/yyyy	hh:mm AM/PM	hh:mm AM/PM
[ Check <input type="checkbox"/> Under Day(s) ]											
*SPACE USAGE			SPECIAL SERVICE (if necessary, complete below)								
Space Description	Q'nty		Service Description	Hours	Straight	Time and 1/2					
Athletic Field			Cleaner								
Auditorium – High School			Fireman/Handyman (Local 74)								
Auditorium – J.H.S., Elementary			Fireman (Local 94)								
Baths (5 or more heads)			Stationary Engineer								
Baths (less than 5 heads)			Watchman								
Bleachers				Y	N						
Cafeteria			Breakfast			N/A	N/A				
Classrooms, Teacher Rooms			Shop Mechanics			N/A	N/A				
Furniture Movement			Cafeteria Cleanup – Elem			N/A	N/A				
Gyms			Cafeteria Cleanup – H.S.			N/A	N/A				
Lockers Rooms (4 or more Cl rms.)			Cafeteria Cleanup – J.H.S.			N/A	N/A				
Locker Rooms (1-3 Cl rms.)											
Special Rooms				Hours	Straight	Fixed					
Swimming Pools			Pool Showers								

**PERMIT NUMBER** \_\_\_\_\_

\*Boro/School: \_\_\_\_\_ \*Email of Principal or School: \_\_\_\_\_

\*District: \_\_\_\_\_ \*School Mailing Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Name of Custodian Engineer: \_\_\_\_\_ \*Phone #: \_\_\_\_\_ \*Email: \_\_\_\_\_

### PERMIT DETAILS

	*Days of the Week							*Date From	*Date To	*Time From	*Time To
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	mm/dd/yyyy	mm/dd/yyyy	hh:mm AM/PM	hh:mm AM/PM
[ Check <input type="checkbox"/> Under Day(s) ]											
*SPACE USAGE			SPECIAL SERVICE (if necessary, complete below)								
Space Description	Q'nty		Service Description	Hours	Straight	Time and 1/2					
Athletic Field			Cleaner								
Auditorium – High School			Fireman/Handyman (Local 74)								
Auditorium – J.H.S., Elementary			Fireman (Local 94)								
Baths (5 or more heads)			Stationary Engineer								
Baths (less than 5 heads)			Watchman								
Bleachers				Y	N						
Cafeteria			Breakfast			N/A	N/A				
Classrooms, Teacher Rooms			Shop Mechanics			N/A	N/A				
Furniture Movement			Cafeteria Cleanup – Elem			N/A	N/A				
Gyms			Cafeteria Cleanup – H.S.			N/A	N/A				
Lockers Rooms (4 or more Cl rms.)			Cafeteria Cleanup – J.H.S.			N/A	N/A				
Locker Rooms (1-3 Cl rms.)											
Special Rooms				Hours	Straight	Fixed					
Swimming Pools			Pool Showers								