

Kathryn L. Mone  
Chief of Police



Telephone: 603-964-8621  
Emergency: 911

Town of North Hampton  
Police Department  
233 Atlantic Avenue  
North Hampton, NH 03862

July 27, 2022

RE: Large Assembly Application for Smuttynose Rockfest Half Marathon (October 2, 2022)

The Large Assembly Application for Smuttynose Rockfest Half Marathon, October 2, 2022, is approved based on the following conditions:

1. The race course does not enter the town of North Hampton. North and South vehicle traffic on Route 1A will be detoured during the race. Residents living along Route 1A will be allowed access in North Hampton.
2. The Police Department requires two (2) detail officers, with cruiser, from the North Hampton Police Department or one of the approved Mutual Aid communities be assigned to this outside detail. The location and scheduling will be determined by the Police Chief or designee. All traffic control will be conducted by law enforcement officers. Under no circumstances will any volunteer be permitted to conduct traffic control at any intersection or upon any roadway in North Hampton. It is the responsibility of the organizer to call the Police Department in advance to schedule the detail.
3. The attached Parade Permit will need to be submitted and approved by the State of New Hampshire Department of Transportation.
4. Certificate of Insurance naming the Town of North Hampton as an additional insured is on file prior to the event.

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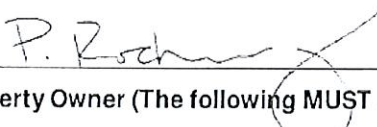
**PERMIT APPLICATION**

Name of Applicant: Paul Rodriguez		Organization (if applicable): Ventures Endurance	
Mailing Address PO Box 526, Grantham, NH 03753			
Contact Person: Paul Rodriguez		Contact Person who will be present at Event <sup>1</sup> : Paul Rodriguez	
Contact Person Phone Number: 503-413-0788		Contact Person will be present at Event Phone Number: Paul Rodriguez	
Contact Person Cell Number: 503-413-0788		Contact Person will be present at Event Cell Number: 503-413-0788	
Description of Event (Please Attach Additional Sheets of Paper if description cannot fit in the space provided:  The Smuttynose Rockfest Half Marathon will be taking place on October 2nd. The race will begin in Hampton Beach and the course will head up to North Hampton.  There will be a detour of north and south bound traffic on Ocean Blvd. Atlantic Avenue to Route 1 detour - see map.			
Location of Event: Ocean Blvd by North Hampton Beach State Park Atlantic Avenue			
Date(s) of Event: Sunday, 10/2		Hours: 1 hour 40 minutes	
		From: 9:00AM	End: 11:00AM
Estimated Attendance: 4500		Minimum No.: 4000	Maximum No.: 5000
Types of Alcohol to be served: None			

<sup>1</sup> Applicant must be reachable during the entire event at a moment's notice.

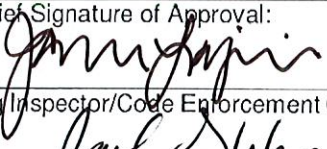
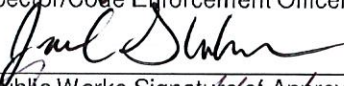
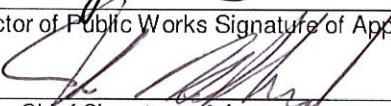

The following facilities will be available for the event:

Sanitation:	No. of Units:	Male:	Female:
State Park Bath House	8	4	4
Water supply from: n/a			
Food will be served from and/or by: n/a			
Beverages will be served from and/or by: n/a			
Illumination after dark will be provided by			
Medical and First Aid Provided by:			
Traffic Control Provided by: North Hampton PD		No. of officers: Determined by PD	
Parking for <u>5</u> is planned. <input checked="" type="checkbox"/> Attach plan of exact parking location and exact route to be kept open for emergency vehicles <input type="checkbox"/> Not applicable. Explain:			

<b>Name of Promoter or Applicant:</b>	
Ventures Endurance	
Mailing Address:	Phone:
PO Box 526, Grantham, NH 03753	503-413-0788
Email:	Cellular Phone:
prodriguez@venturesendurance.com	503-413-0788
<p><i>I <u>Paul Rodriguez</u>, do here by accept all responsibility for the above-described event. I agree to adhere to all laws and regulations of the Town of North Hampton and the State of New Hampshire. I do hereby consent to the entry, at any time, in the course of his/her duties, any official of the Town in the performance of their official duties, including but not limited to inspection. I also agree to provide surety that the Town deems necessary. Under the penalty of perjury, I do here by certify that the above is true.</i></p>	
Signature: 	Date: 3/25/22
<b>Name of Property Owner (The following MUST BE completed by the owner of the property involved) :</b>	
Mailing Address:	Phone Number:
Email:	Cell Phone Number:
<p><i>I _____, have thoroughly discussed the above event with the Promoter and am in agreement with him/her in all areas. I do hereby give my consent to use my property for this even. I do hereby consent to the entry, at any time, in the course of his/her duties, any town officer in the performance of his/her duties, including but not limited to inspection. I agree to adhere to all laws and regulations of the Town of North Hampton and the State of New Hampshire. Under the penalty of perjury I do hereby certify that the above application is true.</i></p>	
Signature:	Date:

**DO NOT WRITE BELOW THIS SPACE. FOR TOWN USE ONLY**

**Departmental Approvals:** Please attach any comments or special requirements to this application

Fire Chief Signature of Approval: 	Date: 6/20/2022
Building Inspector/Code Enforcement Officer Signature of Approval: 	Date: 7/12/2022
Director of Public Works Signature of Approval: 	Date: 7/12/22
Police Chief Signature of Approval: 	Date: 7/18/2022

Department comments or additional conditions:

\* see attached for approval/conditions

**Applicant:** I do hereby agree to the additional requirements:

Applicant's Signature:

Date:

**PERMIT**

**Denied** Reason:

**Approved**

Select Board Signatures: (If Required under Ordinance amended 3/11/2014)

Date:



## **2022 DETOUR AND ROAD CLOSURES – NORTH HAMPTON**

Please consider and review our request for a detour and road closure for Sunday, October 2nd.

### **DESCRIPTION OF EVENT:**

Half Marathon running race

### **DATES:**

**Sunday, October 2<sup>nd</sup>, 2022**

The Hampton town line is closed to traffic on Rt. 1A to allow for the safe running of runners on the half marathon course.

### **NORTH HAMPTON DETOUR:**

The detour for south and northbound traffic on 1A will use Atlantic to get to Route 1. Vehicles can use High Street or Winnacunnet to get to all points in Hampton or continue to North Hampton on Route 1 to Atlantic eastbound.

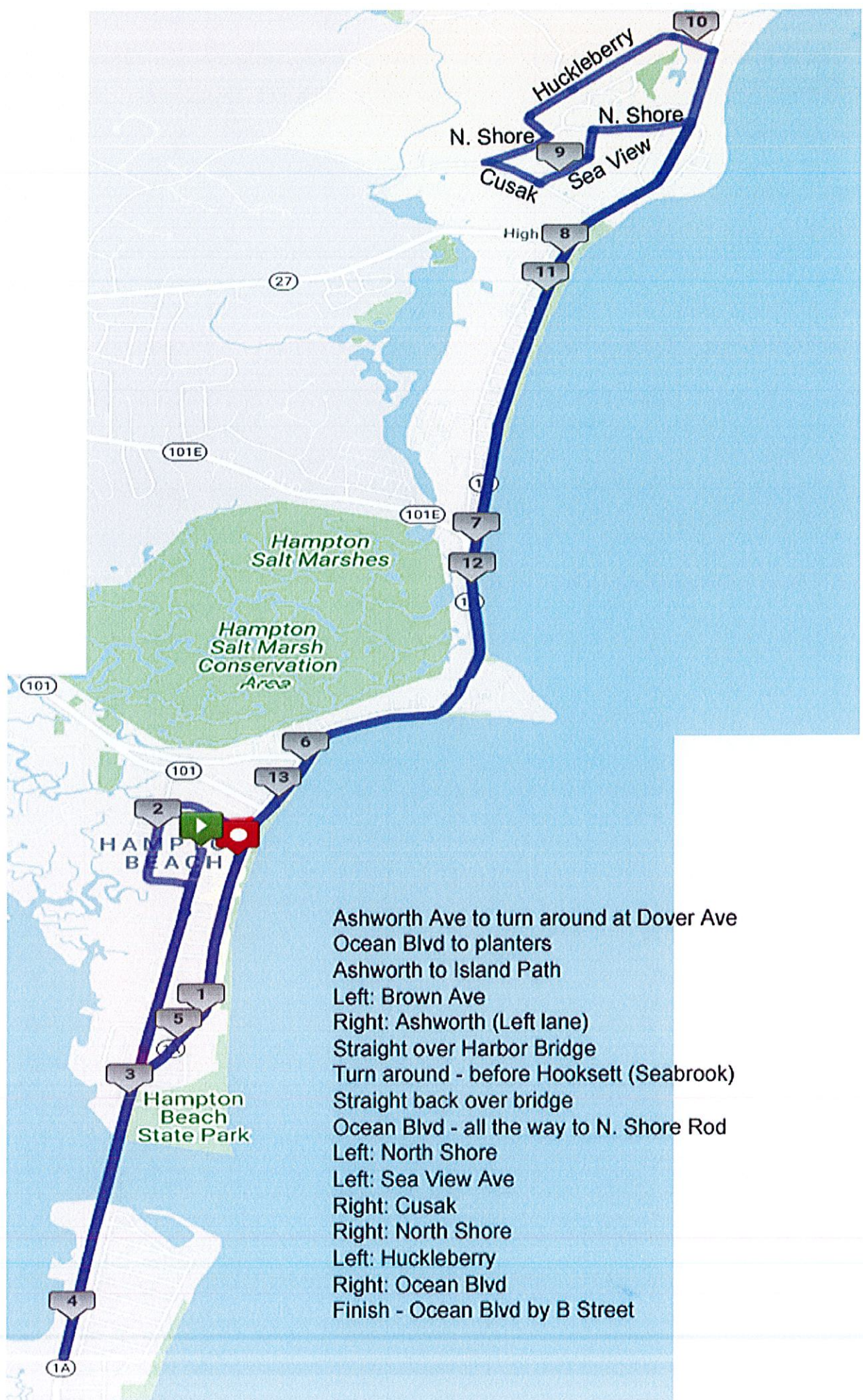
### **POLICE AND SIGNS**

Loco Sports will provide a point of contact person for the day who will place detour signs on Atlantic to Rt. 1 and be available for questions.

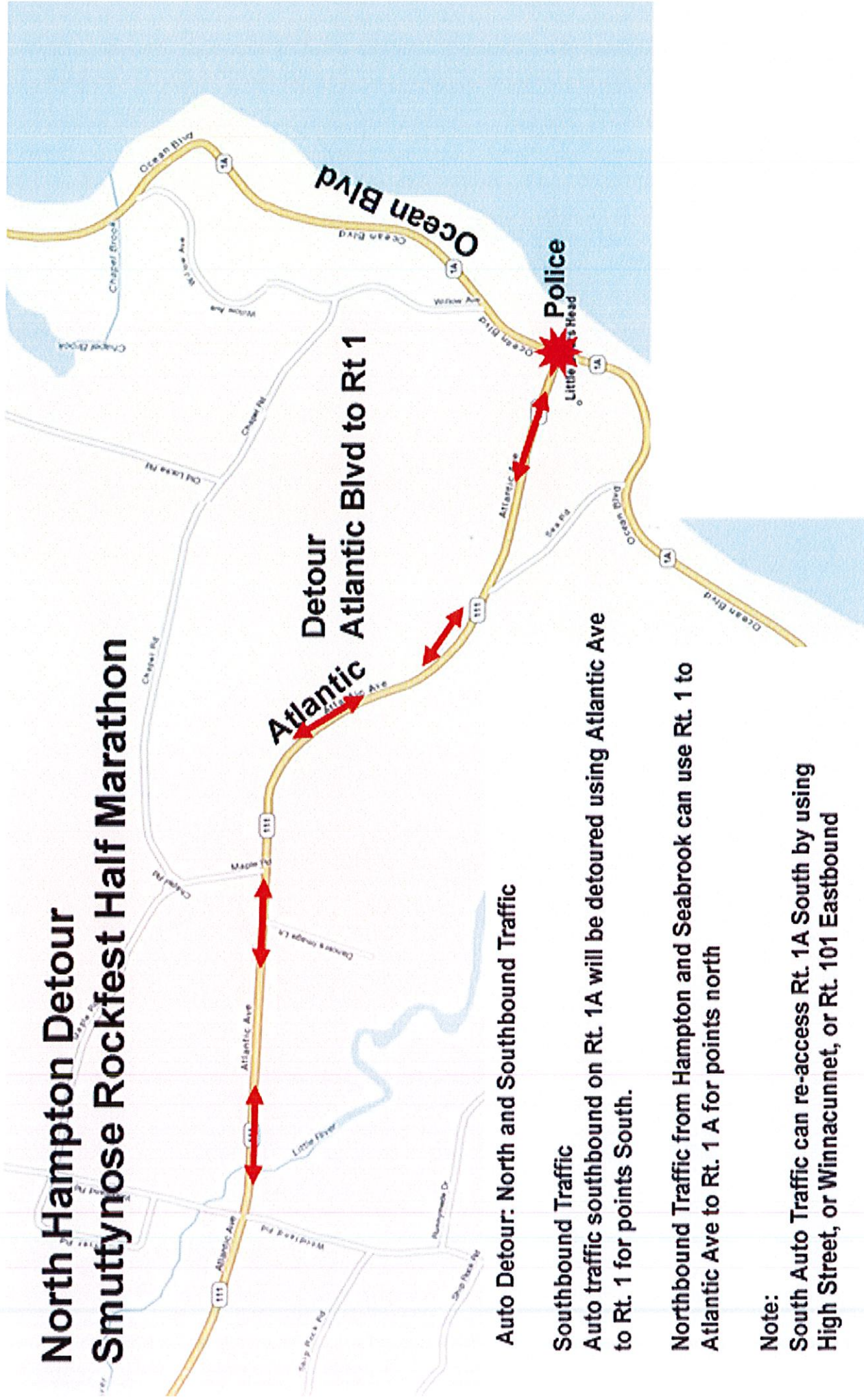
Police details as required at Atlantic and 1A.

Thank you,

Paul Rodriguez  
Loco Sports, LLC  
PO Box 526, Grantham, NH 03857  
(503) 413-0788



# North Hampton Detour Smuttynose Rockfest Half Marathon



**Auto Detour: North and Southbound Traffic**

**Southbound Traffic**

Auto traffic southbound on Rt. 1A will be detoured using Atlantic Ave to Rt. 1 for points South.

Northbound Traffic from Hampton and Seabrook can use Rt. 1 to Atlantic Ave to Rt. 1 A for points north

**Note:**

South Auto Traffic can re-access Rt. 1A South by using High Street, or Winnacunnet, or Rt. 101 Eastbound



**STATE OF NEW HAMPSHIRE**  
Application for Parade Permit or Other  
Activity Conducted on State Highway System

Today's Date 6/1/2022

To: Department of Transportation  
Transportation Management Center  
PO Box 483, 110 Smokey Bear Blvd  
Concord, New Hampshire 03302-0483  
Phone (603) 271-6862  
Fax (603) 271-8626

**Under provisions of RSA 286:2 and RSA 236:1, application is made for a parade / activity on the state highway system.**

Indicative data is shown below:

Type of activity?  
    If so, what type (foot, bike, etc.)?  
Will event effect highway safety?  
Will highway traffic be delayed?  
    If so, how long?  
Will highway traffic be detoured?  
Name of sponsoring organization:  
Mail permit to:

Road Race - Runners and Walkers  
Foot  
No  
Yes  
Rt 1A North/South  
Yes, See Map  
Loco Sports  
PO Box 526, Grantham, NH 03753  
503-413-0788  
Encourage a fit lifestyle  
North Hampton  
Sunday, 10/2/22  
Detour start - see attached maps  
Rt 1A North Hampton, NH  
Police and course marshals

Phone no. where I may be reached:  
Purpose of activity:  
Name of Municipality:  
Date of activity:  
Starting and ending times:  
State route(s) to be traveled:

Traffic control provided by:

Approved by Town Officials

Kent Moac  
Selectmen / Town Manager / Police Chief  
(circle one)

Signed by P. P. [Signature]  
(Applicant)

Please attach a simple map or sketch plotting the **start, finish, route(s) of travel, detour(s), and parking area(s)** if provided.

Recommended:

\_\_\_\_\_  
District Engineer