



**COMMUNITY SERVICES  
Drone Permit Request**

**CONTACT INFORMATION**

Contact Name:

Contact Email:

Address:

City/State/Zip:

Phone:

**EVENT LOCATION(S)**

**EVENT INFORMATION**

Event Name:

Purpose of drone use:

Estimated # in Group:

Date of Event:

Time Range of Event (start and end):

**REQUIREMENTS**

Submit copies of the following:

1. Remote pilot certification with an sUAS rating issued by the FAA
2. Copy of your safety plan.
3. Insurance – limits of liability not less than \$1,000,000 and name the City of Eau Claire as an additional insured and certificate holder.
4. FAA Clearance
5. Notify the hospitals and Chippewa Valley Airport (if event is within 5 miles of the airport).
6. Drone registration number.

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 Email: [communityservices@eauclairewi.gov](mailto:communityservices@eauclairewi.gov)