

SALFORD TOWNSHIP

Special Event Permit Application

Permit # _____ Date: _____

Tax Parcel ID: _____ Blk/Unit: _____

Fee \$ _____ Ck # _____ Received By: _____

Applications must be submitted a minimum of two (2) weeks in advance of the event or at least two (2) months in advance of the event if Zoning Hearing Board approval is needed.

Applicant/Property Owner Information

Site Address of Event _____

Property Owner _____

Address _____

Property Owner Phone # _____ Fax # _____

Property Owner's email address _____

Applicant Name _____

Address _____

Applicant's Phone # _____ Fax # _____

Applicant's email address _____

Does Applicant own or occupy the property at which the event is to be held? Yes _____ No _____
If no, written consent from the property owner for the event is required and should be submitted
With this Application.

SPECIAL EVENT DETAILS

Describe Special Event: _____

SITE PLAN: A site plan clearly outlining the property and the proposed area where the special event shall occur must be submitted along with this application. The site plan shall properly identify points of vehicular and pedestrian access, parking, traffic circulation, sign locations, trash and sanitary facilities.

Date of Event _____ Time of Event Start _____ End _____

Ending Date of event: _____

Number of people attending _____ Number of motor vehicles expected _____

Are there any crowd issues requiring Police, Security Guards, Fire or Ambulance Services?
Yes No If yes, explain. _____

Will there be any temporary structures, trailers or tents erected for the event?
Yes No How many? _____ Size? _____

Is there temporary electrical or lighting needed? Yes No

Are there sanitary facilities available? Yes No If no, what temporary sanitary facilities are planned? _____

NOTE: If a tent, temporary structure, trailer or temporary sanitary facilities are proposed in conjunction with the special event, additional Township or County permitting may be required. The applicant shall ensure that any tent, temporary structure, trailer or temporary sanitary facility is constructed in a safe and suitable manner.

I hereby certify that the information stated on the Special Event Application and all supplementary materials submitted in association with the Application, are true and correct to the best of my knowledge. I acknowledge that it is my responsibility to inform Salford Township of any changes to any information set forth in this Application and/or supplementary materials. I further acknowledge that the Township may at any time revoke any Special Event Permit for non-performance or non-compliance with the Special Event Ordinance and/or any conditions of the issued Special Event Permit

Applicant

Date

Administrative Use Only

This Application is approved and a Special Event Permit shall be issued, subject to the following conditions :

This Application is denied and a Special Event Permit will not be issued.

Zoning Officer

Date

- \$ Permit Fee
- \$ Deposit for removal of temporary structure*
- \$ Deposit for cleanup of township property*

*Deposit will be returned upon satisfactory inspection of site.