



UPPER CHICHESTER TOWNSHIP

P.O. BOX 2187, Upper Chichester, PA 19061

Ph: 610-485-5719 ext.206

Fax: 610-494-2130

TODAY'S DATE: _____

SPECIAL EVENT PERMIT APPLICATION

TYPE OF EVENT: PARADE CARNIVAL BLOCK PARTY OTHER: _____

APPLICANT INFORMATION

NAME: _____ PHONE: _____

ORGANIZATION: _____ EMAIL: _____

EVENT INFORMATION

LOCATION: _____
Address City Zip

PRIMARY CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____
Address City Zip

EMAIL: _____

EVENT DATE: _____ EVENT TIME: _____ TO _____ NUMBER OF PEOPLE EXPECTED TO ATTEND: _____

SET UP DATE: _____ SET UP TIME: _____ TO _____

STREETS AFFECTED & SPECIAL REQUEST (e.g: close off 1300 block of Pine St): _____

BARCADES NEEDED: YES NO

TRAFFIC CONTROL REQUIRED: YES NO PARKING LOCATION: _____

SECURITY REQUIRED: YES NO PLEASE DESCRIBE SECURITY PLAN: _____

FOOD PREPARATION METHOD: GAS PROPANE ELECTRIC OTHER: _____

TANK SIZE: _____ DESCRIBE PIPING AND HOSES: _____

PORTABLE ELECTRIC GENERATORS: YES NO

DESCRIBE WIRING METHODS, SERVICE TYPE, POWER SOURCE, CABLES, AND LOADS: _____

DESCRIBE HAND WASHING METHOD: _____

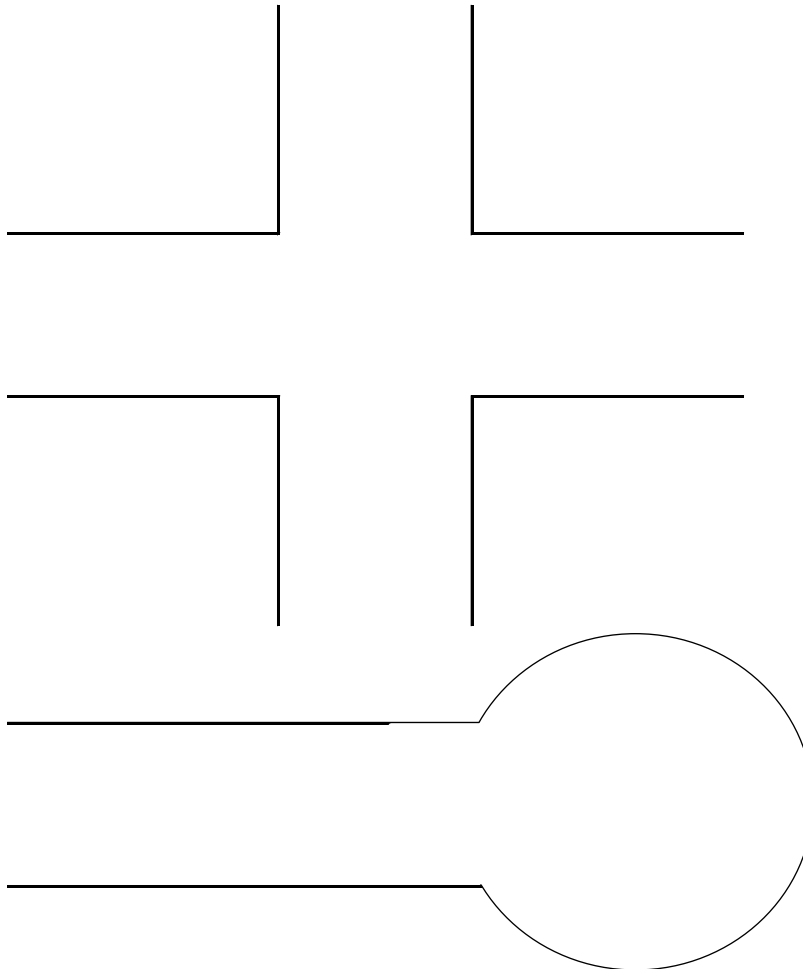
DESCRIBE TEMPORARY STRUCTURES/EQUIPMENT (such as rides, slides, moon bounce, etc) _____

NAME OF VENDOR: _____ PHONE: _____

ADDRESS: _____
Address City Zip

If the event is going to affect traffic, a map must be attached or shown below.

If the event is a parade, the route must be attached or shown below.



EMERGENCY CONTACT INFORMATION

CONTACT PERSON #1: _____

PHONE: _____

CONTACT PERSON #2: _____

PHONE: _____

AGREEMENT AND SIGNATURE

_____ Initial

I have read and understand the attached requirements and agree to abide by its terms and conditions. I am aware should I fail to abide by the attached requirements my "Special Event" can be cancelled or shutdown at any time. All expenses will be sole responsibility of the said Applicant of this application.

SIGNATURE OF APPLICANT:

For Office Use Only

APPROVED

DENIED

DATE: _____

By: _____

POLICE

FIRE MARSHAL

HIGHWAY

HEALTH

MANAGER

COMMISSIONERS

Special Arrangements:

SPECIAL EVENT REQUIREMENTS

The listing below are terms and conditions set out by the Township Officials. Failure to abide by the terms and conditions could result in permit being denied or revoked.

All applications must be submitted by the timeline stated below based on the type of event. **Incomplete applications will not be accepted.**

Submission Timeframe:

14 days prior to start of event.	---	Parade, Block Party, Non Profit Fundraiser
30 days prior to start of event.	---	Business Events (Open House, Picnic, etc)
90 days prior to start of event.	---	Carnival

Requirements

CARNIVAL, BUSINESS EVENTS (Open House, Picnic, etc)

1. Submission - Must submit application 90 days prior to event start date.
2. Temporary Structures - All structures must be inspected by Township Officials prior to opening event. Tents and other enclosures need the Department of Fire Underwriters guarantee of Non Flammable Material or NFPA 701 Compliant with the appropriate label.
3. Emergency Vehicle Access Lane - Emergency vehicles access lanes must be accessible at all times. Width of Access Lane must be at least 20 feet wide and 14 feet high.
4. Portable Electric Generators - Must have at least one (1) 10 lb. ABC Extinguisher at each generator.
5. Food - Food stations must be inspected by the Township Fire Marshal and Health Inspector. Open flame cooking is NOT permitted at any time.
6. Rest Rooms - You are required to provide rest room facilities.
7. Light & Sound - Lights and amplified sound is permitted 12PM to 10PM Only.
8. Insurance - Certificate of Insurance is required. Policy should state Commercial liability with limits of not less than \$1,000,000.00 in the name of Upper Chichester Township.
9. Consent - Residents within 1,000 feet of event must be notified. A copy of such letter and addresses must be submitted with Application.
10. Public Safety - Must arrange for Security and Traffic Control at your expense.

BLOCK PARTY

1. Submission - Must submit application 30 days prior to event start date.
2. Light & Sound - Lights and amplified sound is permitted 9AM to 10PM, including set up and clean up.
3. Streets - Street cannot disrupt any commercial facilities and is confined to 1 street only. The placement of any furniture, activities or equipment on any street shall be such that an obstructed lane or clear path of travel sufficient for access by an emergency vehicle is maintained throughout the entire Block Party Venue.
4. Consent - 75% of the residents affected by the Block Party must agree & sign the attached sheet including any Businesses. Petition must be included in application.
5. Alcoholic Beverages - The use of alcoholic beverages on private property shall comply with all applicable laws. No such beverages shall be consumed on Township public property, including streets.
6. Parking - Parked or moving vehicles shall not be located in the Block Party venue during the event.
7. Temporary Structures - Equipment such as, but not limited to, moon bounce, slide, climbing wall placed on public property and obtained from a rental company, the rental company shall provide Commercial General Liability Insurance. Policy should state Commercial Liability with limits of not less than \$1,000,000.00 in the name of Upper Chichester Township.
8. Storm Drains - Drains located in the Block Party area should be covered to preclude the discharge of pollutant/liquids, or obstruction into the storm drain system. Any materials used to block the storm drain must be removed during the clean up process.
9. Clean Up - Streets must be clean, free of equipment and restored to public access immediately upon conclusion of the event.
10. Barricades - Barricades shall be used to control traffic and should be placed on side of the street for Township removal.
11. Applicant/Organization shall be responsible for ALL injuries to Persons or Damage to Property. Upper Chichester Township will not be held responsible.

BLOCK PARTY PETITION

DATE OF EVENT: _____ RAIN DATE: _____ EVENT TIMES: _____ TO _____

LOCATION (Street Name & Blocks Affected): _____

NUMBER OF HOUSES AFFECTED: _____ NUMBER OF SIGNATURES: _____

One Adult Signature per Household *(Please Print & Sign Legible)*

First and Last Name	Address	Signature
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