



PERMIT # _____

Easttown Township
566 Beaumont Road
Devon, PA 19333
Phone 610-687-3000
Fax 610-687-9666

easttown@easttown.org
www.easttown.org

SPECIAL EVENT PERMIT APPLICATION

PART I – INSTRUCTIONS

BEFORE COMPLETING THIS APPLICATION:

- Review Chapter 382 **Special Events** of the Township of Easttown Code, available online at www.easttown.org, for purchase, or review at the Township Building.

COMPLETING THIS APPLICATION:

- This Application **MUST** be submitted at least thirty (30) calendar days prior to the desired Event date.
- The following **MUST** accompany the application:
 - ✓ Site plan/map of the entire area where the Event will take place, including, but not limited to, locations of all activities, structures, and infrastructure proposed to be located
 - ✓ A valid copy of Certificate of Insurance naming Easttown Township as the Certificate Holder shall be maintained throughout the duration of the Event – coverage for commercial general liability with combined single limits of liability for bodily injury and property damage of not less than \$1,000,000 for each occurrence and a general aggregate of \$3,000,000 is required

UPON APPROVAL:

- Police and Public Works staff support Township Special Events. Should the Township determine that Support Services are required for this Event, estimated costs will be provided to the Applicant at the time this Permit is issued. A deposit of 50% of the estimated costs is due ten (10) days prior to the event. Any remaining fees will be reconciled after the event ends.

PART II – SPECIAL EVENT NAME

Event Name: _____

PART III – SPECIAL EVENT ORGANIZATION INFORMATION

Permit Holder Name (Person or Entity responsible for all costs): _____

Organization Name (if different from above): _____

Permit Holder Street Address (if P.O. Box, include street address also): _____

City, State, and Zip Code: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

TOWNSHIP USE ONLY

Estimated Support Services: _____

Application Status:

Security Deposit Required: _____

APPROVED

By: _____

DENIED

Date: _____

PART IV – SPECIAL EVENT EMERGENCY CONTACT INFORMATION (must be at event)

Primary Contact Name:	Mobile Phone Number:
Secondary Contact Name:	Mobile Phone Number:
Tertiary Contact Name:	Mobile Phone Number:
Quaternary Contact Name:	Mobile Phone Number:

PART V – SPECIAL EVENT DETAILS

Event Start Time/Date (include set-up)::	Event End Time/Date (include break-down):	Estimated Attendance:
Description:		
Location(s):		

PART VI – STREET CLOSURES (if applicable, as shown on site plan/map)

Street Name:	Location(s) (from/to):	Time (from/to):
Street Name:	Location(s) (from/to):	Time (from/to):
Street Name:	Location(s) (from/to):	Time (from/to):
Street Name:	Location(s) (from/to):	Time (from/to):
Street Name:	Location(s) (from/to):	Time (from/to):
Street Name:	Location(s) (from/to):	Time (from/to):

PART VII – AMPLIFIED SOUND/MUSIC DETAILS (if applicable)

Description:	Hours and Date(s) of Amplified Sound/Music:
	Sound Level at Property Lines:

PART IX – STRUCTURE DETAILS (if applicable, as shown on site plan/map)

Type	Size	Quantity	Square Feet

PART X – VENDOR DETAILS

Types of Vendors Participating:

PART XI – CERTIFICATION

- I am an Officer or Official of the Organization listed in Part III
- I have the authority to make this Application on behalf of the Organization listed in Part III (complete Part XII)

I acknowledge that that the information set forth in this Application, including any attached plans and specifications, is true and correct to the best of my knowledge, information and belief, and false statements made therein are subject to the penalties of 1B Penn. C.S., §4904, relating to unsworn falsification to the authorities.

Name (type or print legibly)

Official Title

Street Address

City, State, Zip

Phone Number

Email Address

Signature

Date

PART XII – AGENT'S AFFIDAVIT

I, _____, verify that I am the Officer or Official listed in Part III, and have identified the Agent listed in Part XI to serve as my duly-authorized Agent for the purposes contained herein. I hereby declare that the above-made statements are true and correct to the best of my knowledge, information and belief, and false statements made within this Affidavit may subject individuals to penalties of 1B Penn. C.S., §4904, relating to unsworn falsification to the authorities.

Officer or Official

Date