

West Vincent Township  
729 St. Matthews Road  
Chester Springs, PA 19425-3301  
610-458-1601      610-458-1603  
[www.westvincentwp.org](http://www.westvincentwp.org).

**Temporary Zoning/Use Permit**  
**Cost \$50.00**

1. Location of Property \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Owner of Property \_\_\_\_\_  
Tax Parcel Number \_\_\_\_\_
2. Ownership       private                       public                       other
3. Applicant Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Phone \_\_\_\_\_
4. Proposed Use \_\_\_\_\_  
Number of Days \_\_\_\_\_  
Start Date/End Date \_\_\_\_\_  
Rain Dates \_\_\_\_\_  
Hours \_\_\_\_\_  
Number of Cast/Crew \_\_\_\_\_

5. Township Services

- Police
- Road Crew
- Road Closures \_\_\_\_\_ State \_\_\_\_\_ Township

6. Emergency Services

- Ambulance \_\_\_\_\_
- Fire Department \_\_\_\_\_
- Fire Police \_\_\_\_\_

7. Health Department

8. Parking Location \_\_\_\_\_

9. Loading Zone \_\_\_\_\_

10. Lighting \_\_\_\_\_

11. Signage \_\_\_\_\_

12. Noise levels expected \_\_\_\_\_

An Event Layout must be provided with Application.

Financial Security may be required before permit is released.

---

CERTIFICATION:

I \_\_\_\_\_, hereby state the above facts and statements, including any attachments are to the best of my knowledge, accurate and complete. I further understand that any falsification of information or an incomplete application may be considered reason to reject the application and that the false statements herein are made subject to the penalties of PA Cons. Stat. 4904 relating to Un-sworn Falsification to Authorities.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

TOWNSHIP USE ONLY:

---

Insurance Certificate \_\_\_\_\_ Yes \_\_\_\_\_ No

Financial Security \_\_\_\_\_ Yes \_\_\_\_\_ No

Cost: \$50.00 \_\_\_\_\_ Paid \_\_\_\_\_ date