



TEMPORARY ZONING (EVENT) PERMIT APPLICATION

Township Staff Only:

Permit # _____

Submission Date: _____

Received by: _____

ALL information must be provided before Application will be processed. If a section does not apply to your project, just enter N/A for not applicable. Do NOT skip a section that applies to your project.

Submission requirements/Checklist:

- Provide one (1) copy of this completed application with insurance certificate.
- One (1) copy of the event layout/plans.
- The \$50 permit fee must be received by the township with the application (check or cash only). Additional fees may be applied as per the West Vincent Township Fee Schedule and are due immediately prior to the event date. **Application is good for events lasting up to 7 days. If your event is longer, a second application may be needed.**

1. LOCATION OF EVENT

Parcel Site/Site Address: _____

Tax Parcel ID # _____ Lot # _____ Subdivision _____

Owner of Property: _____ Phone: _____

Type of Ownership: Public Private Other: _____

Owner Address (if different): _____

Owner Email: _____

Applicant (if different): _____ Phone: _____

Applicant Address (if different): _____

Applicant Email: _____

If company/organization is registered as a non-profit tax exempt 501 (c)(3), please provide the tax-exempt number: _____

Contact Person (if different): _____ Phone: _____

Contact Person Email: _____

2. PROPOSED USE (EVENT) INFORMATION

Name of Event: _____

Event Description (provide an attachment if additional space is needed):

Please indicate the date(s) and time(s) of each day, inclusive of set up and take down

Event Date	Rain Date	Time(s)	Anticipated Attendance	Attendance Fees

Please indicate all features of the event:

- | | | |
|---|--|--|
| <input type="checkbox"/> Barricades (block party) | <input type="checkbox"/> Temporary fencing | <input type="checkbox"/> Open Flames |
| <input type="checkbox"/> Food served/merchandise | <input type="checkbox"/> Signs/banners | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Sound/music systems | <input type="checkbox"/> Port-o-John(s) | <input type="checkbox"/> Carnival Rides |
| <input type="checkbox"/> Live music | <input type="checkbox"/> Tent/canopies | <input type="checkbox"/> Aircraft |
| <input type="checkbox"/> Signs – “No Parking” | <input type="checkbox"/> Inflatables | <input type="checkbox"/> Animals (specify) _____ |

Has this event occurred in previous years? YES NO

If yes, please indicate when the event took place and the previous location(s) and attendance of the event:

Years Event Occurred	Previous Locations	Past Attendance

3. CERTIFICATION & INDEMNIFICATION

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 the Pennsylvania Constitution Statue 4904 relating to Un-Sworn Falsification to Authorities.

INDEMNIFICATION:

For and in consideration of the Township of West Vincent consent to allow the Applicant to hold a Special Event or Public Assembly (as defined by Township Ordinance) within the limits of West Vincent, the Applicant agrees as follows:

The Permit Applicant jointly and severally, hereby hold harmless, indemnify and defend the Township of West Vincent, its representatives, officers, agents, affiliates, employees, the administration and elected and appointed officials from and against all liability, suits, actions, claims, costs, expenses or demands (including, without limitation, suits, actions, claims, costs, expenses or demands resulting from death, personal injury and property damage) or expenses of every kind of character, including reasonable attorney’s fees, costs and appeals, arising or resulting in whole or in part, as a result of any tort, intentional action, negligent acts or omissions on the part of the Permit Applicant or any of the participants of the Event outlined in this application. This indemnification provision shall survive the termination of this contract and shall be in full force and effect beyond the term or termination of this contract, however, terminated.

Signature of Applicant/Authorized Agent: _____

Printed Name of Applicant/Authorized Agent: _____

Date: _____

(Do not complete past this line)



TOWNSHIP USE ONLY (BELOW)

of Officers: _____ Dates: _____

Hours requested (i.e. 8am-5pm): _____

Chief of Police Signature & Date: _____

of Barricades Needed _____ Dates: _____

of Signs: _____ Dates: _____

Public Works Manager Signature & Date: _____

Township Manager Signature & Date: _____

Zoning Official Signature & Date: _____

Insurance certificate submitted? Yes No

\$50 Fee Paid (Date): _____

Additional Fees: _____



TEMPORARY ZONING (EVENT) PERMIT APPLICATION

Date Paid: _____

Permit Number: _____