

West Vincent Township
729 St. Matthews Road
Chester Springs, PA 19425-3301
610-458-1601 610-458-1603
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