



P.O. Box 1, Pocopson PA 19366  
Office: 610.793.2151 Fax: 610.793.1944  
[www.pocopson.org](http://www.pocopson.org)

# POCOPSON TOWNSHIP SPECIAL EVENTS PERMIT APPLICATION

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**IMPORTANT: PLEASE READ AND COMPLETE THE APPLICATION IN ITS ENTIRETY.**

## **Part 1. Instructions**

- A nonrefundable fee in the amount of \$75.00 must be included at the time of submission of the Special Events Permit Application.
- Review Ordinance No. 2 of 2018 and Ordinance No. 6 of 2019, Special Events of the Pocopson Township Code, available on line at [www.pocopson.org](http://www.pocopson.org) or for purchase and/or review at the Township building.
- At least thirty (30) calendar days prior to the desired event date submit four (4) sets of this Application with four (4) copies of all supporting documentation including but not limited to:
  - Certificate of Insurance for commercial general liability with combined single limits of liability for bodily injury and property damage of not less than \$1,000,000.00 for each occurrence and a general aggregated of \$3,000,000.00. The Certificate of Insurance must name Pocopson Township, its officers and employees as additional insured.
  - A site plan of the event.
- Should the Township determine that Support Services are required for the event, estimated costs will be provided at the time the Permit is issued. No later than five (5) business days prior to the event date, the Sponsor shall secure with the Township, in the form of a cash escrow or bond, the Support Services costs.

## **Part 2. Special Event Sponsor Information (*entity responsible for all costs*)**

Event Name: \_\_\_\_\_

Sponsor/Permit Holder Name: \_\_\_\_\_

Organization Name (if different from above): \_\_\_\_\_

Sponsor/Permit Holder Street Address: \_\_\_\_\_

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Street Address

City

State and Zip Code



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Sponsor/Permit Holder Billing Address, City, State, and Zip Code (*if different from Street Address*):

\_\_\_\_\_  
 Billing Address City State and Zip Code

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Part 3. Special Event Safety/Emergency Contact Information (*must be in attendance at the event*)**

Primary Safety/Emergency Contact Name:	Mobile Phone Number:
Secondary Safety/Emergency Contact Name:	Mobile Phone Number:
Tertiary Safety/Emergency Contact Name:	Mobile Phone Number:
Quaternary Safety/Emergency Contact Name:	Mobile Phone Number:
Quinary Safety/Emergency Contact Name:	Mobile Phone Number:

**Part 4. Special Event Owner Information (*owner of property on which the event will take place and responsible for all costs*)**

Owner Name: \_\_\_\_\_

Tax Parcel Number of the Property: 63 - \_\_\_\_\_ - \_\_\_\_\_

Owner Street Address:

\_\_\_\_\_  
 Street Address City State and Zip Code



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Owner Billing Address, City, State and Zip Code (if different from Street Address):

\_\_\_\_\_  
Owner Billing Address City State and Zip Code

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Part 5. Special Event Details**

Event Description: \_\_\_\_\_

Event Location(s): \_\_\_\_\_

Event Start Time and Date (including set up): \_\_\_\_\_

Event End Time and Date (including breakdown): \_\_\_\_\_

Estimated number of expected participants and/or attendees: \_\_\_\_\_

Estimated number of workers/volunteers/marshals for event: \_\_\_\_\_

Will admission be charged:  Yes  No

**Part 6. Parking**

Describe plan for parking (attach parking plan): \_\_\_\_\_

Is off-site parking proposed?  Yes  No

If so, where? (attach written agreement for use of off-site location).

Please describe how pedestrians will access the event from the off-site parking.

How will the parking plan be communicated to attendees?



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**Part 7. Traffic Control**

Describe plan for traffic control (*attach traffic control plan*):

Who will be performing traffic control for the event (*attach written agreement for traffic control services*)?

**Part 8. Security**

Please describe security for the event:

Have you contracted for security from a third-party?  Yes  No

If so, please provide the name, contact information, and written agreement for security services.

**Part 9. Trash Removal**

Please describe your plan for trash removal.

**Part 10. Restroom facilities**

Please describe your plan for the provision of adequate restroom facilities, including handicapped facilities (*attach a written agreement for restroom facilities if contracting with a third party provider*).

**Part 11. Notification**

Please provide a list of the names and addresses of all neighbors notified in accordance with Section 6.J of Ordinance No. 2 of 2018.

*Proof of written notification of neighbors, the Pennsylvania State Police and local emergency services must be provided to Township at least ten (10) business days in advance of the event.*

**Part 12. Live Music/Amplified Sound Details (complete if applicable)**

Description of Music/Amplified Sound:

Hours and Dates of Music/Amplified Sound:

Sound Levels at Property Lines:



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**Part 13. Structure Details** (complete if applicable and show on site plan/map)

Type	Size	Quantity	Square Feet
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**Part 14. Emergency Services**

Please provide information regarding any plans for police or emergency services for the event.

**Part 15. Insurance**

Insurance Provider Name: \_\_\_\_\_

Insurance Provider Address:

\_\_\_\_\_  
Street Address City State and Zip Code

Insurance Provider Agent Name: \_\_\_\_\_

Insurance Provider Agent Address:

\_\_\_\_\_  
Street Address City State and Zip Code

Insurance Policy Number:

*The Certificate of Insurance must name Pocopson Township, its officers, employees and contractors as additional insured and be provided to the Township at least five (5) business days in advance of the event.*

**Part 16. Sponsor Certification**

\_\_\_ I am the individual applying for the permit, or

\_\_\_ I have the authority to make this Application on behalf of the entity applying for the permit (*attach delegation of signatory authority*), and acknowledge that the information provided in this application, including any plans and specifications, is true and correct to the best of my knowledge and belief. I have also read and agree to the standard conditions at the time of making this application.

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

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



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**Part 17. Owner Certification**

\_\_\_ I am the individual owner of the property, or  
\_\_\_ I have the authority to sign this Application on behalf of the entity which owns the property (*attach delegation of signatory authority*), and authorize the Sponsor to apply for this application. I have also read and agree to the standard conditions at the time of making this application.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone Number \_\_\_\_\_

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

**Part 18. Township Action**

Date Received w/ \$75.00 nonrefundable fee: \_\_\_\_\_ ( ) cash ( ) check # \_\_\_\_\_

Estimated Support Services Cost: \$ \_\_\_\_\_

Required Security 5 Business Days Prior to Event:  
\$ \_\_\_\_\_ \_\_\_ Cash Escrow \_\_\_ Bond

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Application Status:  Approved  Disapproved

Permit No. \_\_\_\_\_

\_\_\_\_\_  
Codes Official Signature

\_\_\_\_\_  
Date

**Part 19. Standard Conditions**

The following standard conditions shall apply to the Permit upon issuance by the Township:

- The Sponsor and participants are responsible for applying for any other permits or licenses, complying with federal, state or county laws, and/or meeting any other requirements of the Township's Ordinances which may be applicable.



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- Liability insurance as submitted with this application shall be maintained for the duration for the event.
- All required permits, licenses, security, fees, insurance certificates, notifications, and other conditions of approval shall be obtained and provided to the Township or otherwise completed no later than five (5) business days prior to the event.
- The Sponsor and the Owner shall be responsible to the Township for damages sustained to Township property caused by participants in the event. Such additional costs and expenses shall be paid to the Township by the Sponsor and/or Owner within five (5) days of receipt of the bill.
- The Sponsor and the Owner shall be responsible for the cost of any Support Services required, at the sole discretion of the Township, to address specific unanticipated circumstances occurring at the Event related to larger crowd numbers than projected by the Sponsor and/or the nature of the event being inconsistent with this permit. Such additional costs and expenses shall be paid to the Township by the Sponsor and/or Owner within five (5) days of receipt of the bill.
- Sponsor and Owner agree, for themselves and their successors and assigns, to defend, indemnify, and hold harmless, the Township, and its officers, supervisors, employees, attorneys, contractors, successors and assigns from and against any and all losses, liabilities, claims, demands, causes of action, damages, costs, including reasonable attorneys' fees, and expenses of every kind and nature, whether or not covered by insurance, arising out of, resulting from, or caused by, in whole or part, any negligent act, error, omission or willful misconduct on part of Sponsor or Owner, their agents, employees, contractors, subcontractors, or invitees related to this Application, the Permit, or the Event, including but not limited to, loss of life, bodily injury, personal injury, damage to property, contamination or adverse effects on the environment, and/or any liability for fines, fees or penalties for violations of any statutes, ordinances, codes, rules, or regulations (hereinafter "Acts and/or Omissions"). These obligations shall survive the termination of this Permit. Notwithstanding anything to the contrary as may be contained above, the Sponsor and Owner shall reimburse the Township for reasonable attorneys' fees/costs that the Township incurs in defending any suits or claims attributable (as determined by a Court of competent jurisdiction) to any Acts and/or Omissions.

## **Part 20. Special Conditions**