



# BENSALEM TOWNSHIP

Building and Planning Department

Office 215-633-3644 • Fax 215-633-3753

2400 Byberry Road • Bensalem PA 19020

## TEMPORARY PERMIT APPLICATION FOR SPECIAL EVENTS

Permit No.:	_____
Date:	_____

<b>Owner Information</b>	Name _____
	Address _____
	Phone _____
	<i>Owner's Signature</i> _____ <i>Date</i> _____
<b>A SIGNED COPY OF THIS APPLICATION IS REQUIRED PRIOR TO ISSUANCE OF PERMIT</b>	

<b>Event Description</b>	_____
	_____
	_____

<b>Applicant Information</b>	Name _____
	Address _____
	Phone _____
	<i>Applicant's Signature</i> _____ <i>Date</i> _____

<b>Property Location of Event</b>	Address _____
	Tax Parcel No. _____

<b>Local Contact Information</b>	Name _____
	Address _____
	Phone _____

<b>Dates of Event</b>	Starting Date _____
	Ending Date _____

<b>Additional Information</b>	<ul style="list-style-type: none"> <li>▪ Police/Public Safety Department Special Events application <b>MUST</b> also be filed along with this application. It is a separate application and is a requirement for all events. Questions regarding their application should be directed to Susan Reigg 215-633-3711.</li> <li>▪ Applications should be submitted 10 days in advance of event.</li> <li>▪ All fees, insurance and performance bond requirements are due at the time of submission of this application. Bonds and insurance requirements must be in accordance with the Code of the Township of Bensalem Chapter 56.</li> </ul>
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APPROVALS	NAME	TITLE	DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO		<i>Zoning Officer</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<i>Building Inspector</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<i>Electrical Inspector</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<i>Fire Inspector</i>	

FOR B & P USE ONLY	Check #:	Amount: \$
	Township of Bensalem	Dept. of Building & Planning



## SPECIAL EVENTS APPLICATION

**FORM MUST BE FILLED OUT AND RETURNED TO THE POLICE DEPARTMENT, OFFICE OF PUBLIC SAFETY AT LEAST 1 WEEK PRIOR TO EVENT**

Any questions regarding application, contact Susan Riegg at 215-633-3711.

<b>Contact Information</b>			
Name of Applicant	_____		
Address of Applicant	_____		
Phone No.	Home _____	Work _____	Cell _____
Emergency Contact Name	_____		
Emergency Contact Address	_____		
Emergency Contact Telephone	Home _____	Work _____	Cell _____
<b>Event Information</b>			
Location of Event	_____		
Type of Event <i>Concert (type)/Carnival etc.</i> <i>(include as much info as possible)</i>	_____		
Number of Event Employees	_____		
Dates of event/number of Days	_____		
Times Event Will Be Held	_____		
Highest Number of Attendees expected	_____		
<b>Ticket Information</b>			
Ticket Sales (method/duration)	_____		
In advance (Ticketmaster, etc)	_____		
At door	_____		
<b>Public Safety Information</b>			
Police Services Requested (Traffic/crowd control/protection)	_____		
Number of Officers	_____		
EMS Services Requested (Ambulance, First Aide Station, etc)	_____		
Number of Personnel	_____		
Fire Department Services Requested	_____		
Number of personnel	_____		

<b>Additional Township Departments/Services Required</b>	
<input type="checkbox"/> Public Works (specify)	<input type="checkbox"/> Road Barriers (specify)
<input type="checkbox"/> Parks & Recreation (specify)	<input type="checkbox"/> Township Property being used (specify)

<b>Applicant's Name:</b> _____	<b>Date:</b> _____
<b>Signature:</b> _____	<b>Phone No.:</b> _____

<b>Office Use Only</b>	
DPS _____	Number of Officers Required _____
Date _____	Type of Services Required _____
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
EMS _____	Number of Personnel Required _____
Date _____	Type of Services Required _____
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Fire _____	Number of Personnel Required _____
Date _____	Type of Services Required _____
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Approved by: _____	
<i>Signature</i>	<i>Date</i>