

CUMBERLAND TOWNSHIP
 1370 Fairfield Road, Gettysburg, PA 17325
Special Event Permit Application



(717) 334-6485 Voice
 (717) 334-3632 Fax

| | | | | |
|-------------|----------------------|--------------------|-------------------|-----------|
| Event Name: | Proposed Start Date: | Proposed End Date: | Application Date: | Permit #: |
|-------------|----------------------|--------------------|-------------------|-----------|

Location of proposed event:

| | | | |
|------------------|-------------------------------------|----------------|-----------------------|
| Zoning District: | Conditional Use Date of Hearing: | Accessory Use: | Nonconforming Status: |
|------------------|-------------------------------------|----------------|-----------------------|

| | | |
|-----------------------|----------|--------|
| CONTACT PERSON - Name | Address: | Phone: |
|-----------------------|----------|--------|

Event Sponsor(s)

If the event is sponsored by a partnership or joint venture, all parties must sign. List full legal name, address and phone number of all sponsors of the event. Submit copies of articles of incorporation, by-laws and authorizing resolution if sponsor if a corporation. Attach additional sheets if necessary.

| Name | Address | City | State | Zip | Phone |
|------|---------|------|-------|-----|-------|
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Property Owner(s)

List parcel numbers of all property involved in the event and full legal name and address of property owners. Attach additional sheets if required.

| Name | Address | City | State | Zip | Parcel # |
|------|---------|------|-------|-----|----------|
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Program: Attach a copy of the program for the event. If no program is prepared, attach a narrative statement as to the extent and the purpose for which the event is to be considered.

Plot Plan: Attach a diagram of the site of the special event showing the locations and dimensions, where appropriate, of the proposed: service roads, entrances and exits from to/from public roads, portable water facilities, sanitary facilities, sewage disposal facilities, medical service facilities, security personnel sites, and food storage facilities, as well as camping facilities and projected plan for enclosure, if necessary, of the proposed site. The plan shall be drawn at an appropriate scale to provide ease of review, but no less that one (1) inch equals one hundred feet. The plan shall show property lines of adjacent properties, together with the land use of such adjacent and names of such property owners.

Neighboring Property Owners

| Name | Address | City | State | Zip | Parcel # |
|------|---------|------|-------|-----|----------|
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Expected Attendance

| Date | Start Time | End Time | Activity | Expected Attendance |
|------|------------|----------|----------|---------------------|
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IF CHARGING AN ADMISSION FOR ENTRY TO EVENT WHAT WILL THAT CHARGE BE: _____ PER PERSON

Plan of Action

Attach a narrative which includes specific detail in relation to the following factors:

Hours of Operation

Sanitary Facilities – including name(s) of sanitary/refuse contractors, number and location of toilets and dumpsters and frequency of emptying toilets and dumpsters.

Security and Protection - of surrounding areas, including traffic control points, emergency phone list, and supervision of attendees.

On Site Medical Facilities

Emergency Management Plans – Including routes to and from off site medical facilities, plan for communication and signage for highways and private property. Application must be reviewed by the Chief of Police, Cumberland Township EMA Officials and the Zoning Officer.

Control of Noise and Other Nuisances

Food and Drink

Transportation and Parking

Janitorial Services – including post event cleanup and site restoration

Portable Water Supply

Permits and Licenses

List other permits and licenses required by federal, state or local rules and regulations

| Permit | Issuing Agency | Contact | Valid Dates |
|--------|----------------|---------|-------------|
| | | | |
| | | | |

Bonding Bond will be provided by: _____

Amount: _____

Insurance: Attach a copy of a general liability policy, naming the township as insured, in the amount of \$5,000,000

CERTIFICATION – All parties listed as property owners and sponsors on this application hereby conform that they will jointly and severally abide by the terms and provisions with this ordinance, and all rules and regulations of the Commonwealth of Pennsylvania, County of Adams and Township of Cumberland.

All parties listed as sponsors or owners must sign this application

| | | | |
|-------|-------|-------|-------|
| Name | Date | Name | Date |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Fees: Check Payable to Cumberland Township: 100-500 Participants = \$226.00
 501-3000 Participants = \$341.00
 3001 & More Participants = \$454.00

Conditional approval Permit - 69.00 (additional to application fee)
 Township will bill for actual costs incurred over and above the fee schedule