



Lower Salford Township

379 Main Street Harleysville, PA 19438; phone # 215-256-8087

Department of Building and Zoning

Permit Application

SPECIAL EVENT

No Permit will be issued until all associated permits and approvals are obtained (zoning, highway occupancy, water, sewer, etc.). Please Print Clearly. If the application is eligible to be submitted electronically, email to permits@lowersalfordtownship.org. However, you MUST receive a confirmation email from Permits in order for your emailed submission to be accepted. Submissions to any other email addresses will not be accepted. Check with the Township for email eligibility.

1. CONTACT INFORMATION:

This contact person must be at the event:

Name: _____

Cell Phone: _____

Email: _____

(For Township Use Only)

2. GENERAL EVENT INFORMATION:

Location of Special Event: _____

Dates and Times of Special Event: _____

Nature of Special Event: _____

Number of people expected at event (including general public): _____

3. DETAILED EVENT INFORMATION:

Complete all applicable sections:

Food / Drink **Montgomery County Department of Health Certificates are required**

Alcohol is not permitted

Number of Food Trucks: _____

Product Sales **Any applicable licenses or certificates shall be provided**

Types of products to be sold: _____

Number of sales trucks / tents: _____

Portable Toilets *Quantity:* _____

Music / Audio *Description:* _____

Tents *Quantity:* _____ *Sizes:* _____

4. SITE PLAN REQUIREMENT:

Attach a plan that shows the general layout of the event, including all proposed facilities and parking. This plan can be rough and hand drawn.

5. CERTIFICATES OF INSURANCE:

A Certificate of Insurance (COI) is required from the Owner of the property AND from each company attending the event. Lower Salford Township shall be listed as insured on each COI.

The Applicant/Owner certifies that all information on this application is correct. The Applicant/Owner shall contact the Township if there are any changes to the proposed event. Also, the Applicant/Owner shall contact the Lower Salford Township Police Department for any additional requirements: (215) 256-9500.

APPLICANT:

Signature of Applicant: _____

Print Name of Applicant: _____

Date: _____

PROPERTY OWNER:

Signature of Property Owner or Owner's Representative: _____

Print Name of Property Owner or Owner's Representative: _____

Date: _____

Do not write below this line

Permit Data:

Type of Permit: _____

Permit Description: _____

Zoning District: _____

Block: _____ Lot: _____ Subdivision: _____ Lot Size: _____

Located Between: _____ & _____

Use Category (ICC): _____