

ZONING/CODE ENFORCEMENT OFFICE
541 Oxford Avenue, Hanover, PA 17331
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Special Events Permit Application

Event Details:

Name of Event _____

Requested Date(s) of event _____

Requested Event Time Start _____ Finish _____

Site Address _____

Requested site preparation start date _____

Requested site vacated date _____

Person in charge:

Name _____

Address _____

Phone Number _____

After hours phone number _____

Brief description of event: _____

Legal Requirements:

Does the Applicant

Comply with State and Local Legislation/Regulations/Codes? Yes / No / NA

Provided an adequate Certificate of Liability Insurance? Yes / No / NA

Will the Applicant provide a bond to cover contingencies? Yes / No / NA

Licenses/Permits:

Did the applicant obtain?

Liquor Licensing? Yes / No / NA

Food Outlet Licenses? Yes / No / NA

Department of Health Licensing? Yes / No / NA

Fireworks/Pyrotechnics Permit? Yes / No / NA

Fire Inspections? Yes / No / NA

Any other? _____

A copy of ALL permits and licenses must be attached with this application.

Site:

Will there be off-site parking? Yes / No / NA

Are there multiple sites involved in the event? Yes / No / NA

Indoor or Outdoor? _____

Permanent or Temporary Structure? _____

Any effects on neighboring properties? Yes / No / NA

Has written permission been obtained from all affected neighboring property owners?

Yes / No / NA

A site plan showing the location of all the items listed on this application is required. The plan must show locations of possible hazards such as propane tanks, power controls, ect..

Crowd:

Anticipated crowd number of attendees? _____

Is site large enough for expected crowd? Yes / No / NA

Tickets sold prior to event? Yes / No / NA

Tickets sold at the event? Yes / No / NA

Is the event open to the public? Yes / No / NA

Type of crowd expected (young, old, family, unruly)? _____

Water on Site:

Is water available on site? Yes / No / NA

If yes, how? _____

Sewer:

Is there fixed sewer on site? Yes / No / NA

If yes, what's the capacity? _____

Portable Toilets:

What is the anticipated crowd mix of male and female attendees (by percentage)?

_____ Male _____ Female

How many fixed toilet facilities will be available?

_____ Male Toilets

_____ Urinals

_____ Male Showers

_____ Female Toilets

_____ Female Showers

_____ ADA Bathrooms

Will separate toilet facilities be available for food vendors? Yes / No / NA

Who is supplying and servicing the toilets? Name: _____ Contact #: _____

The location of the toilet facilities must be shown on the site map.

Access/Egress/Parking:

Are road access and egress suitable? Yes / No / NA

Are road access and egress suitable in all weather? Yes / No / NA

Will special traffic control be used? Yes / No / NA

Is sufficient on-site parking available? Yes / No / NA

Will there be any off-site parking? Yes / No / NA

If so, what's the address of the off-street parking? _____

Do you have written permission to use the site? Yes / No / NA

Will emergency services have continual access and egress to the event? Yes / No / NA

Security/EMS/First Aid:

Is special security being provided? Yes / No / NA

If yes, by who? _____

Is EMS and/or First Aid being provided? Yes / No / NA

If yes, by who? _____

How many stations? _____

The location of these departments must be shown on the site-plan.

Garbage and Water Removal:

Number of garbage bins available? _____

Who will be collecting the garbage? _____

When will the garbage be picked up? _____

Restoration after the Event:

Arrangements for site cleanup? _____

Who's responsible for the cleanup? _____

Arrangements for refund of bond money if applicable? _____

Signature of Applicant _____ Date _____

Printed name of Applicant _____

Police Dept Review _____ **Date** _____

Fire & EMS Dept Review _____ **Date** _____

Township EMC Review _____ **Date** _____

Zoning Officer Review _____ **Date** _____

Maintenance Manager Review _____ **Date** _____

Township Manager Review _____ **Date** _____

Police Chief or Designee Signature _____

Date _____

Approved _____ **Denied** _____