

# LONDON BRITAIN TOWNSHIP

MAILING ADDRESS: PO BOX 215, KEMBLESVILLE PA 19347  
OFFICE ADDRESS: 81 GOOD HOPE RD., LANDENBERG PA 19350  
(P) 610-255-0388 (F) 610-255-3542  
[carolyn.londonbritaintwp@comcast.net](mailto:carolyn.londonbritaintwp@comcast.net)

## SPECIAL EVENTS PERMIT APPLICATION

NO PERSON, GROUP OR ORGANIZATION SHALL ENGAGE IN OR CONDUCT A SPECIAL EVENT UNLESS A PERMIT IS ISSUED BY THE TOWNSHIP. A PERMIT IS REQUIRED FOR ANY SPECIAL EVENT WITH EXPECTED ATTENDANCE OF FIFTY (50) PEOPLE OR MORE INDIVIDUALS AS A GROUP AT ANY GIVEN TIME ON PRIVATE PROPERTY.

RELIGIOUS ACTIVITIES CONDUCTED ON PRIVATE PROPERTY SHALL NOT REQUIRE A PERMIT IF ATTENDANCE IS EXPECTED TO LESS THAN ONE HUNDRED (100) PEOPLE WITH A DURATION OF LESS THAN THREE (3) HOURS.

YARD SALES WITH EXPECTED ATTENDANCE OF FIFTY (50) PEOPLE OR LESS AT ANY GIVEN TIME SHALL NOT REQUIRE A PERMIT.

EVENTS CONDUCTED IN THE TOWNSHIP PARKS PREVIOUSLY AUTHORIZED BY A CONTRACT WITH THE TOWNSHIP IN EFFECT AT THE TIME OF THE ACTIVITY SHALL NOT REQUIRE AN ADDITIONAL PERMIT.

### APPLICANT INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

\*\*\*\*DOES THIS PROPERTY HAVE A CONSERVATION EASEMENT OR ANY TYPE OF EASEMENT ON IT\*\*\*\*  
(OTHER THAN UTILITY)      YES \_\_\_\_\_ NO \_\_\_\_\_

### ORGANIZATION/BUSINESS SPONSORING EVENT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

### CONTACT PERSON (S) ON DAY OF EVENT

CONTACT #1 NAME \_\_\_\_\_ CONTACT #2 NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_

**EVENT DETAILS- ATTACH A DETAILED DESCRIPTION OF THE EVENT TO THE APPLICATION**

NAME OF EVENT \_\_\_\_\_ START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

HOURS OF EVENT (LIST EACH DAY SEPERATELY) \_\_\_\_\_

ESTIMATED ATTENDANCE(PERSONS) \_\_\_\_\_ VOLUNTEER/WORKERS \_\_\_\_\_ ANIMALS \_\_\_\_\_

LOCATION OF EVENT \_\_\_\_\_

PURPOSE OF EVENT \_\_\_\_\_

## **LOGISTICS**

**UTILITY NEEDS (IF ANY)**

ADDITIONAL ELECTRICAL SUPPLY REQUIRED (YES/NO) \_\_\_\_\_

**SANITATION/RESTROOM FACILITIES/WATER**

ARE RESTROOMS AVAILABLE ON SITE (YES/NO) \_\_\_\_\_ EXPLAIN \_\_\_\_\_

WILL PORTABLE RESTROOMS BE USED (YES/NO) \_\_\_\_\_ IF YES, NOTE THE QUANTITY \_\_\_\_\_

ADDITIONAL CCHD PERMITS REQUIRED (YES/NO) \_\_\_\_\_

IS WATER SERVICE REQUIRED (YES/NO) \_\_\_\_\_

**BOOTHS/TENTS/AWNING**

**TRASH REMOVAL**

**BARRICADES/TRAFFIC CONES/SIGNS**

WILL SIGNAGE BE PLACED ON SITE (YES/NO) IF SO DESCRIBE \_\_\_\_\_

WILL SIGNAGE BE PLACED OFF SITE (YES/NO) IF SO PROVIDE A SKETCH SHOWING THE LOCATIONS OF OFFSITE SIGNS.

WILL TEMPORARY FENCING BE USED (YES/NO) \_\_\_\_\_

**CLEAN UP PROCEDURES**

**FOOD AND BEVERAGES**

WILL FOOD AND BEVERAGES BE SERVED (YES/NO) \_\_\_\_\_ IF YES, PLEASE CONTACT THE CHESTER COUNTY HEALTH DEPT 610-344-6688 TO SEE IF A FOOD SERVICE PERMIT IS NEEDED.

IS A PERMIT REQUIRED BY CHESTER COUNTY HEALTH DEPT (YES/NO) \_\_\_\_\_

\*if a permit is required by CCHD, is a copy of the permit attached (yes/no) \_\_\_\_\_

WILL ALCOHOLIC BEVERAGES BE SERVED (YES/NO)\_\_\_\_\_

## DESCRIBE PROPOSED EVENT PLANS

PLEASE PROVIDE DETAILS OF PROPOSED PLANS FOR THE FOLLOWING ITEMS PERTAINING TO YOUR SPECIAL EVENT. IF MORE ROOM IS NEEDED FOR EXPLANATION, PLEASE ATTACH ADDITIONAL SHEETS, AS NECESSARY.

### SECURITY

WILL SECURITY BE ON SITE FOR THE EVENT (YES/NO)\_\_\_\_\_ IF SO FOR HOW LONG\_\_\_\_\_

WILL SECURITY BE ARMED (YES/NO)\_\_\_\_\_

WILL SECURITY BE UNIFORMED OR NON-UNIFORMED\_\_\_\_\_

IF PRIVATE SECURITY PLEASE PROVIDE CONTACT INFORMATION\_\_\_\_\_

### PARKING

HOW MANY PARKING SPACES WILL BE AVAILABLE\_\_\_\_\_ NUMBER OF VEHICLES EXPECTED\_\_\_\_\_

HOW MANY STAFF WILL HANDLE PARKING\_\_\_\_\_

WHERE ARE THE PARKING LOCATIONS\_\_\_\_\_

IF ON ADJACENT PROPERTIES, IS A SIGNED APPROVAL FROM THE PROPERTY ATTACHED (YES/NO)\_\_\_\_\_

### TRAFFIC CONTROL AND TRAFFIC FLOW

WILL TRAFFIC FLOW BE IMPACTED (YES/NO)\_\_\_\_\_

IF SO HOW WILL IT BE IMPACTED\_\_\_\_\_

PLEASE ATTACH A SKETCH/SITE PLAN SHOWING THE LOCATION, LAYOUT, ROADS, ENTRANCES AND EXITS, TRAFFIC FLOW PATTERNS, PARKING AND LAND USES OF THE SURROUNDING AREAS AND THE PROPOSED ROUTE TO BE TRAVELED OR THE AREA SOUGHT TO BE USED OR CLOSED OFF FOR THE SPECIAL EVENT. IS THE SKETCH ATTACHED (YES/NO)

### SITE DISTANCE

IF THE SITE DISTANCE AT THE ENTRANCE AND EXIT ROADS IS DETERMINED TO BE INSUFFICIENT, A TRAFFIC CONTROL SECURITY PLAN MUST BE SUBMITTED.

ESTIMATED ENTRANCE/EXIT SITE DISTANCE\_\_\_\_\_

### CROWD CONTROL/FIRE SAFETY

HOW WILL CROWD CONTROL BE MAINTAINED\_\_\_\_\_

IF INDOOR EVENT, WILL OCCUPANCY LIMIT BE EXCEEDED (YES/NO)\_\_\_\_\_

WILL FIRE DEPT BE REQUIRED TO REMAIN ON SITE (YES/NO)\_\_\_\_\_

WILL A MEDICAL STANDY BE REQUIRED (YES/NO)\_\_\_\_\_

WILL THERE BE OPEN FLAMES OR PYROTECHNICS? (YES/NO) IF YES A STATE LICENSE MUST BE PROVIDED.

WILL THIS EVENT HAVE A LARGE AMOUNT OF COMBUSTIBLE MATERIAL\_\_\_\_\_

HAVE REASONABLE ACCOMMODATIONS BEEN MADE FOR PEOPLE WITH SPECIAL NEEDS (YES/NO)\_\_\_\_\_

## ENTERTAINMENT

DESCRIBE THE ENTERTAINMENT BEING PROVIDED \_\_\_\_\_

DESCRIBE LOCATION OF THE ENTERTAINMENT ON THE PROPERTY \_\_\_\_\_

## ADJACENT PROPERTY OWNERS

PLEASE LIST THE NAMES AND ADDRESSES OF ALL THE PROPERTY OWNERS ABUTTING OR ADJOINING ON  
THE EXTERIOR LIMITS OF THE PROPERTY INVOLVED

## **INSURANCE REQUIREMENTS**

A CERTIFICATE OF INSURANCE MAY BE REQUIRED TO COVER ALL CONTINGENCIES WITH THE TOWNSHIP NAMED AS ADDITIONALLY INSURED OR AS THE CERTIFICATE HOLDER WITH THE MINIMUM FACE AMOUNT OF \$1,000,000.00 OR AN INSURANCE UMBRELLA PER OCCURRENCE.

IS A CERTIFICATE OF INSURANCE DETERMINED TO BE REQUIRED (YES/NO)

IF SO, IS THE CERTIFICATE OF INSURANCE ATTACHED (YES/NO)

**APPLICANT'S SIGNATURE** \_\_\_\_\_

INSURANCE REQUIREMENTS WAIVED BY TOWNSHIP PERSONNEL YES  NO

**TOWNSHIP PERSONNEL SIGNATURE**

The Township shall make a decision on the application within ten (10) business days of the Township's receipt of the application. The Township may deny the permit request if the application is incomplete, the Township determines that the proposed Special Event does not comply with the requirements of this Section 4, or the Township determines that the proposed Special Event would result in a nuisance or would be contrary to the health, safety and welfare of the Township and its residents.

### ***Violation Penalty***

Any person violating the provisions of this ordinance shall upon conviction thereof in summary proceedings brought before a district justice shall be sentenced to pay a fine of not less than \$500.00 per day together with the costs of prosecution including reasonable attorney fees, and any other costs

incurred by the Township. Each day a Special Event is conducted without a permit shall be a separate offense and subject the violator to a daily fine.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE INFORMATION GIVEN IS CORRECT AND AGREE TO COMPLY WITH ALL OF THE PROVISIONS OF THE LONDON BRITAIN TOWNSHIP SPECIAL EVENTS ORDINANCE. WITH APPLICATION OF THE PERMIT I GIVE LONDON BRITAIN TOWNSHIP AND ITS REPRESENTATIVES THE RIGHT OF TEMPORARY TRESPASS ON THIS SITE FOR THE PURPOSE OF INSPECTION. THE RIGHT SHALL CONTINUE FOR THE LENGTH OF THE SPECIAL EVENT.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**\*\*\*FOR OFFICE USE ONLY\*\*\***

PERMIT # \_\_\_\_\_ FEE \_\_\_\_\_ PAID \_\_\_\_\_

APPROVED BY \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

**CHECKLIST**

APPLICATION COMPLETED \_\_\_\_\_

APPLICATION SIGNED BY APPLICANT PG 4 \_\_\_\_\_ PG 5 \_\_\_\_\_

EVENT DETAIL ATTACHED \_\_\_\_\_

OFFSITE SIGNAGE SKETCH \_\_\_\_\_

CCHD PERMIT \_\_\_\_\_

PARKING/NEIGHBOR PROPERTY LETTER \_\_\_\_\_

TRAFFIC CONTROL/SITE PLAN ATTACHED \_\_\_\_\_

TRAFFICE CONTROL SITE DISTANCE PLAN \_\_\_\_\_

Special Events Permit Application PRIVATE \$120.00

Special Events Permit Application OPEN TO PUBLIC \$250.00