BENSALEM TOWNSHIP

Building and Planning Department

Office 215-633-3644 ▪ Fax 215-633-3753
2400 Byberry Road ▪ Bensalem PA 19020

E-MAIL SUBMIT

Permit No.: _____
Date: _____

TEMPORARY PERMIT APPLICATION
FOR SPECIAL EVENTS

Owner Information	Name Address Phone *Owner's Signature* *Date* A SIGNED COPY OF THIS APPLICATION IS REQUIRED PRIOR TO ISSUANCE OF PERMIT
Event Description	
Applicant Information	Name Address Phone *Applicant's Signature* *Date*
Property Location of Event	Address Tax Parcel No.
Local Contact Information	Name Address Phone
Dates of Event	Starting Date Ending Date
Additional Information	▪ Police/Public Safety Department Special Events application MUST 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. ▪ Applications should be submitted 10 days in advance of event. ▪ 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.

APPROVALS	NAME	TITLE	DATE
☐ YES ☐ NO		*Zoning Officer*	
☐ YES ☐ NO		*Building Inspector*	
☐ YES ☐ NO		*Electrical Inspector*	
☐ YES ☐ NO		*Fire Inspector*	

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

Rev 5/2009

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.

Contact Information						
Name of Applicant						
Address of Applicant						
Phone No.	Home		Work		Cell	
Emergency Contact Name						
Emergency Contact Address						
Emergency Contact Telephone	Home		Work		Cell	

Event Information	
Location of Event	
Type of Event *Concert (type)/Carnival etc.* *(include as much info as possible)*	
Number of Event Employees	
Dates of event/number of Days	
Times Event Will Be Held	
Highest Number of Attendees expected	

Ticket Information	
Ticket Sales (method/duration)	
In advance (Ticketmaster, etc)	
At door	

Public Safety Information
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

Additional Township Departments/Services Required	
☐ Public Works (specify)	☐ Road Barriers (specify)
☐ Parks & Recreation (specify)	☐ Township Property being used (specify)

Applicant's Name: _____ **Date:** _____

Signature: **Phone No.** _____

Office Use Only

DPS _____ Number of Officers Required _____

Date _____ Type of Services Required _____

☐ Approved ☐ Rejected

EMS _____ Number of Personnel Required _____

Date _____ Type of Services Required _____

☐ Approved ☐ Rejected

Fire _____ Number of Personnel Required _____

Date _____ Type of Services Required _____

☐ Approved ☐ Rejected

Approved by: _____

Signature *Date*