



# BENSALEM TOWNSHIP

Building and Planning Department  
 Office 215-633-3644 • Fax 215-633-3753  
 2400 Byberry Road • Bensalem PA 19020

## TEMPORARY PERMIT APPLICATION FOR SPECIAL EVENTS

Permit No.:	_____
Date:	_____

<b>Owner Information</b>	Name _____
	Address _____
	Phone _____
	_____
	<i>Owner's Signature</i> _____ <i>Date</i> _____
A SIGNED COPY OF THIS APPLICATION IS REQUIRED PRIOR TO ISSUANCE OF PERMIT	

<b>Event Description</b>	_____
	_____
	_____
	_____

<b>Applicant Information</b>	Name _____
	Address _____
	Phone _____
	_____
	<i>Applicant's Signature</i> _____ <i>Date</i> _____

<b>Property Location of Event</b>	Address _____
	Tax Parcel No. _____

<b>Local Contact Information</b>	Name _____
	Address _____
	Phone _____

<b>Dates of Event</b>	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
<input type="checkbox"/> YES <input type="checkbox"/> NO		Zoning Officer	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Building Inspector	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Electrical Inspector	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Fire Inspector	

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



## 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.

<b>Contact Information</b>	
Name of Applicant	_____
Address of Applicant	_____
Phone No.	Home _____ Work _____ Cell _____
Emergency Contact Name	_____
Emergency Contact Address	_____
Emergency Contact Telephone	Home _____ Work _____ Cell _____
<b>Event Information</b>	
Location of Event	_____
Type of Event <i>Concert (type)/Carnival etc. (include as much info as possible)</i>	_____
Number of Event Employees	_____
Dates of event/number of Days	_____
Times Event Will Be Held	_____
Highest Number of Attendees expected	_____
<b>Ticket Information</b>	
Ticket Sales (method/duration)	_____
In advance (Ticketmaster, etc)	_____
At door	_____
<b>Public Safety Information</b>	
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	_____

<b>Additional Township Departments/Services Required</b>	
<input type="checkbox"/> Public Works (specify) _____	<input type="checkbox"/> Road Barriers (specify) _____
<input type="checkbox"/> Parks & Recreation (specify) _____	<input type="checkbox"/> Township Property being used (specify) _____

<b>Applicant's Name:</b> _____	<b>Date:</b> _____
<b>Signature:</b> _____	<b>Phone No.</b> _____

<b>Office Use Only</b>	
DPS _____	Number of Officers Required _____
Date _____	Type of Services Required _____
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
EMS _____	Number of Personnel Required _____
Date _____	Type of Services Required _____
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Fire _____	Number of Personnel Required _____
Date _____	Type of Services Required _____
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Approved by: _____	
<i>Signature</i>	<i>Date</i>



# BENSALEM TOWNSHIP

Building and Planning Department  
 Office 215-633-3617 • Fax 215-633-3662  
 2400 Byberry Road • Bensalem PA 19020

**E-MAIL SUBMIT**

## APPLICATION FOR TEMPORARY TENT PERMIT

PERMIT No. _____ DATE ISSUED: _____	<b>A FLAME CERTIFICATION CERTIFICATE IS REQUIRED FOR EACH TENT ALONG WITH A SITE PLAN FOR THE EVENT.</b>
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Contact Name: _____ Phone No. _____ Address Where Tent Is To Be Installed: _____ Number of Tents Proposed: _____ Square Footage of Each Tent: _____ Date(s) of Event: _____ Purpose/Use of Tent(s): _____	Contractor Name: _____ Address: _____ Phone No. _____ Bensalem Twp Contractor's License No. _____ Date Tent is to Be Installed: _____ Approx Date & Time of Inspection: _____ Email Address: _____ <b>Note: When changing tent contractors, this office must be notified with new contractor information.</b>
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***Office Use Only***

**Permit Review**

Fire Marshal/Inspector _____	Date _____	Permit Cost \$ _____
Building & Planning _____	Date _____	Temporary Sales Permit Attached <input type="checkbox"/>
Public Safety _____	Date _____	

**Fire Inspection**

<input type="checkbox"/> Pass	Date _____	<input type="checkbox"/> Fail	Date _____
Flame Certificates on Tents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

\_\_\_\_\_  
*Fire Marshal/Inspector*