

MOUNT JOY TOWNSHIP
SPECIAL EVENT PERMIT APPLICATION
 See §110-1402.C Zoning Permit for temporary uses & structures
(Application should be submitted 75 days before event)

Permit #: _____

Person(s) sponsoring and producing the Event
[If more than one please attach information]

Name	Daytime phone:	Alternate phone:
Address	Email:	

Legal Title Owner(s) of Land where Event and any auxiliary function (such as parking) are to be held. Provide Owner's letter of approval. [If more than one please attach information]

Name	Daytime phone:	Alternate phone:
Address	Email:	
Parcel #		

Number of People Attending: _____ **Date(s) & time(s) of the Event:** _____

A copy of the following needs to be attached to this application:

- ___ Property Owner's letter of consent for this Use and Event (if applicant is not the property owner).
- ___ A narrative describing all of the activities proposed to occur as part of the event and the anticipated number of attendees or participants.
- ___ A site plan showing the lot, structures on the lot; adjacent streets; adjacent lots and their owner(s) and uses; arrangement of structures for the event (including temporary Retail); solid waste collection facilities; and event parking and lot access.
- ___ A statement describing how solid waste collection and removal; sewage management; water supply; emergency services (fire and medical); crowd control, safety and security will be met.
- ___ If an on-lot septic system is to service the event, a **written determination from the Township Sewage Enforcement Officer** that the on-lot system is adequately sized and designed to handle the proposed sewage treatment load is required to be submitted with the application for the zoning permit.

___ List of proposed providers and proof that they will be able to deliver the service for the above mentioned (ex. contract or proof of rental).

___ List of any and all permits required by any government or regulatory entity – copy(s) to be attached to this application.

___ Proof of general liability insurance naming the Township as a covered insured in an amount no less than \$1,000,000 for an event of 250 or fewer attendees; for each additional 100 persons, the amount of liability insurance shall be increased by \$100,000.

___ A statement of assumption of liability, in a form and content approved by the Township Solicitor, obligating the applicant to pay for any and all damages caused to third persons or property resulting from the event to the extent the loss is not covered by the general liability insurance.

___ Financial statement or performance guarantee demonstrating that the applicant has sufficient assets to pay for such damages.

___ Proof of notice of the event, by date and description, delivered to owners of all adjacent lots for the event and auxiliary functions. **Notice must include a name and contact phone number to field questions and concerns. Provide list of names and addresses notice was given.**

___ If food or beverages are sold that are not prepackaged, the applicant shall prove compliance with state health regulations, including having on-site facilities for workers to wash their hands. Proper bathroom facilities shall also be available for workers.

___ If Temporary Retail sales or Temporary Food vendor, provide list of vendors and demonstrate compliance with **§110-1402.C(2) and/or (3)**.

Supplemental or Additional Information: *The Zoning Officer and the Board of Supervisors may request additional information they deem warranted by the nature of the event. This information needs to be submitted prior to the Township making its decision on the application. An event permit may be denied if it poses a threat to the safety, health and welfare of the participants or the general public or if the Zoning Officer has reason to believe that the activity would obstruct safe sight distances.*

Application is hereby made for a Zoning Permit to hold a temporary specialized event in the Township of Mount Joy. Applicant agrees that such event will be held in accordance with the plans and specifications submitted and that it will comply with all provisions of the Zoning Ordinance and all applicable ordinances of Mount Joy Township as well as any County, State, or Federal regulations.

Signature: _____

Date: _____

OFFICIAL USE ONLY

Date received: Date returned because of incomplete application: Date complete application accepted:	Date Zoning Permit issued:	Zoning Permit. Fee: \$ _____ Date paid: _____ <input type="checkbox"/> check # _____ <input type="checkbox"/> cash
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