CUMBERLAND TOWNSHIP
1370 Fairfield Road, Gettysburg, PA 17325
Special Event Permit Application



(717) 334-6485 Voice (717) 334-3632 Fax

Event Name:		Proposed Start Date:		Proposed End Date:		Application Date:		Permit #:		
Location of proposed e	vent:	<u> </u>	<u> </u>					1		
5	ditional Use Accessory Use: Nonconforming Status:									
CONTACT PERSON -	Address:				Phone:					
			Sponsor				I.			
If the event is sponsore number of all sponsors sponsor if a corporation	s of the event.	Submit copies of	articles o							
Name	A	Address		City	State	Zip		Phone		
List parcel numbers of a	all property invo		ty Owne		address	of proper	ty owners	Attach		
additional sheets if requ		in the event and	a ruii loge	iname and	dudiese	or proper	ty owners	. Attaon		
Name A		Address		City	State	Zip	F	arcel #		
Program: Attach a co	ov of the progra	am for the event. If	no progr	am is nrena	red atta	och a narra	ative state	ment as to the		
extent and the purpose				ант ю ргоро	irou, atto	ion a name	anve state	ment as to the		
Plot Plan: Attach a dia the proposed: service sewage disposal facilit camping facilities and appropriate scale to pro property lines of adjace	roads, entrancties, medical seprojected plan ovide ease of re	es and exits from to ervice facilities, sec for enclosure, if nec eview, but no less th	o/from pu curity per cessary, nat one (use of s	ublic roads, sonnel site of the proportion of th	portable s, and f osed site als one h	water factorial water factoria	cilities, sar ge facilitie an shall b et. The p	nitary facilities, es, as well as e drawn at an lan shall show		
Name	Δ	Address		City	State	Zip	F	Parcel #		

			Expected	Attendance		
Date	Start Time	End Time		Activity		Expected Attendance
IF CHARGING	G AN ADMISSIO	ON FOR ENT	RY TO EVENT W	HAT WILL THAT CHAR	GE BE:	PER PERSON
Attach a narra	utiva vuhiah inalu	doo oposifio (f Action		
Hours of Ope	eration	•		the following factors: ntractors, number and loc	cation of toilets	and dumpsters and
frequency of e Security and	emptying toilets	and dumpste	rs.	affic control points, emerg		·
attendees. On Site Medi	cal Facilities					
age for highwa		property. Ap		om off site medical faciliti reviewed by the Chief of F		
	oise and Other	Nuisances				
Food and Dri	nk on and Parking					
Janitorial Se	r vices – includir	ng post event	cleanup and site i	restoration		
Portable Wat	er Suppry		Permits ar	nd Licenses		
D '1	List other po			federal, state or local rule	es and regulation	
Permit		Issuing Ag	ency	Contact		Valid Dates
Bonding Bon	d will be provide	ed by:			Amour	nt:
Insurance: A	attach a copy of	a general lial	pility policy, namine	g the township as insured	, in the amount	t of \$5,000,000
				d sponsors on this applic		
				with this ordinance, an nship of Cumberland.	d all rules an	id regulations of the
	А	II parties liste	ed as sponsors or	owners must sign this app	olication	
Name)	D	ate 	Name		Date
Fees: Check	Payable to Cum	berland Tow		rticipants = \$256.30		
			501-3000 P	articipants = \$386.10		

3001 & More Participants = \$514.80

Conditional approval Permit - 71.00 (additional to application fee)

Township will bill for actual costs incurred over and above the fee schedule

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