

SPECIAL EVENT PERMIT

Upper Augusta Township

2087 Snyderstown Road
Sunbury, PA 17801
(570) 286-0912
FAX No. (570) 286-4412
upperaugustatwp@gmail.com

Please type or print legibly

(word-blank forms) 2/3/14

APPLICANT CONTACT INFORMATION

Contact Name: _____ Title: _____
Organization: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Hours: _____

SPECIAL EVENT INFORMATION

1. Special Event Name; _____
2. Special Event Type: _____
3. Special Event Purpose/Description (Attach additional sheet if necessary):

4. Date of Special Event: ----- From _____ To _____
 - a. Alternate Date ----- From _____ To _____
5. Time of Special Event: ----- From _____ To _____
 - a. Alternate Time ----- From _____ To _____
6. Municipality _____
7. Roads (List all roads involved in the special event – Attach additional sheet if necessary):

<u>Route #</u>	<u>Road Name</u>	<u># of Lanes</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL EVENT INFORMATION (CONTINUED)

- 8. Approximate number of vehicles in the special event: _____
- 9. Approximate number of pedestrians involved in the special event: _____
- 10. Highway will be:..... Fully Closed Partially Closed Other _____
- 11. Travel distance of road closure/encroachment : _____
- 12. Travel distance of the alternate route: _____
- 13. Notification of PA State Police (PSP) (Please contact Station Commander at Local PSP Barracks):
 (a.) PSP Contact Name: _____ Title: _____ Date: _____
- 14. Maintenance and Protection of Traffic (MPT): -----
 a. MPT Performed By: _____
 b. MPT Contact Name: _____ Phone: _____
 c. Date MPT requested ----- From _____ To _____
 d. Time MPT requested: ----- From _____ To _____

APPLICANT CERTIFICATION, PERMIT CONDITIONS & SIGNATURES

The applicant shall indemnify, save harmless and defend (If requested) Upper Augusta Township, and their officers, agents and employees from any and all claims, suits, or actions for injuries, death and/or property damage arising out of the procession, assemblage, or special activity indentified in this permit where the claim, suit or action was caused by the applicant, its officers, agents and employees, the event participants, support staffs, event officials, volunteers, medical support, technical support, media vehicles, event communications staffs, the traveling public, general public or spectators.

A certificate of Insurance must be provided showing: (a) public liability insurance for bodily injury and property damage in the minimum amount of two hundred fifty thousand (\$250,000.00) per person and one million dollars (\$1,000,000.00) per occurrence to cover any loss that might occur as a result of the permitted use of the Township roads or that might otherwise arise out of or be connected with the event; (b) occurrence-based coverage; and (c) Upper Augusta Township named as an additional insured. The applicant warrants the information in the insurance certificate is accurate.

The event route shall be appropriately secured with proper security and safety measures taken to protect the event participants, support staffs, event officials, volunteers, medical support, technical support, media vehicles, vehicle escort services, maintenance and protection services, the traveling public, event communications staffs, the general public and spectators. Proper emergency medical services shall be provided. Local fire departments, the general public and the traveling public shall be notified in advance of the event. The applicant shall coordinate and pay for temporary traffic control during the event.

The Township reserves the right to re-open any closed road(s) at any time due to any emergency that may occur which require the use of such roads to safely provide for the movement of traffic through the area.

APPLICATION CERTIFICATION, PERMIT CONDITIONS & SIGNATURES (CONTINUED)

- I have attached a Certificate of Insurance as described above.
- I have read, understand and agree to the above terms and conditions.
- I attest that all information in the special event permit application is accurate to the best of my knowledge.

Applicant

Contact Name (Print): _____ Title of Contact: _____

Contact Name (Signature): _____ Date: _____

Attesting Witness (Print): _____ Title of Witness: _____

Attesting Witness (Signature): _____ Date: _____

Upper Augusta Township
Board of Supervisors

David Hanes, Chairman Date: _____

Ed Markowski, Jr., Vice Chairman Date: _____

Rebecca Ray, Supervisor Date: _____

APPLICANT CHECKLIST

- Complete the Special Event permit Application (Submit Pages 1, 2 and 3).

Note: Becomes permit once reviewed and signed.

- Event Insurance Certificate

Documentation detailing the traffic control plan. Documentation includes:

- Map of special event route and the alternate traffic route.

Map includes Township route numbers, road names, intersections, etc.

- Coordination of a maintenance & protection of traffic (MPT)

MPT can include Private Contractor, Local Police/Fire Police, etc.

- Notify PA State Police (PSP) of special event (Please contact Station Commander at Local PSP Barracks).

- Submit completed and signed permit application and the required documents to the Upper Augusta Township Office (address on front of application) eight (8) weeks prior to the date of the special event.