



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:	_____

Owner Information	Name	_____
	Address	_____
	Phone	_____

	<i>Owner's Signature</i>	<i>Date</i>
Event Description	_____	

Applicant Information	Name	_____
	Address	_____
	Phone	_____

	<i>Applicant's Signature</i>	<i>Date</i>
Property Location of Event	Address	_____
	Tax Parcel No.	_____
Local Contact Information	Name	_____
	Address	_____
	Phone	_____
Dates of Event	Starting Date	_____
	Ending Date	_____
Additional Information	<ul style="list-style-type: none"> ▪ 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 Ms. Walsh at (215) 636-3711 ▪ 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	

Additional Township Departments/Services Required	
<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) _____

Applicant's Name: _____	Date: _____
Signature: _____	Phone No. _____

Office Use Only	
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>



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 Ms. Walsh at (215) 636-3711

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 _____			
<i>Concert (type)/Carnival etc.</i>			
<i>(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 _____			
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 _____			