



# 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>

<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	_____

<b>Additional Information</b>	<ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ Applications should be submitted 10 days in advance of event.</li> <li>▪ 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.</li> </ul>
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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 Ms. Walsh at (215) 636-3711

<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.</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	_____		
<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	_____		

**Additional Township Departments/Services Required**

Public Works (specify) \_\_\_\_\_

Road Barriers (specify) \_\_\_\_\_

Parks & Recreation (specify) \_\_\_\_\_

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 \_\_\_\_\_

Approved  Rejected

EMS \_\_\_\_\_ Number of Personnel Required \_\_\_\_\_

Date \_\_\_\_\_ Type of Services Required \_\_\_\_\_

Approved  Rejected

Fire \_\_\_\_\_ Number of Personnel Required \_\_\_\_\_

Date \_\_\_\_\_ Type of Services Required \_\_\_\_\_

Approved  Rejected

Approved by: \_\_\_\_\_

*Signature*

*Date*



# BENSALEM TOWNSHIP

Building and Planning Department  
Fire Marshal's Office

Office 215-633-3617 • Fax 215-633-3662  
2400 Byberry Road • Bensalem PA 19020



## **PERMIT REQUIREMENTS FOR TENTS/MEMBRANE STRUCTURES**

A tent permit is required when a tent, 400 square feet or more, is erected on a commercial or residential property. The Fire Marshal's Office follows International Fire Code 2006.

### **FEEES**

#### **COMMERCIAL - Less than 30 days in duration**

- \$100.00 per tent
- plus \$50.00 per 1000 square feet or portion there of (per tent).
- \$10.00 non-refundable application fee required for each permit at time of submission.

#### **LONGER THAN 30 DAYS IN DURATION (COMMERCIAL) annually renewable permit**

- \$100.00
- plus \$1.00 per square foot
- \$10.00 non-refundable application fee required for each permit at time of submission.

#### **RESIDENTIAL - (one and two family dwellings)**

- \$50.00 per tent
- \$10.00 non-refundable application fee required for each permit at time of submission.

All tent contractors must be licensed with the Fire Marshal's Office and be listed on the permit.

### **THE FOLLOWING IS REQUIRED WITH PERMIT APPLICATIONS:**

- Plot plan showing location of all structures in regards to the tent.
- Egress plan of each tent.
- Flame Certificate for each tent being used (flame certification numbers submitted must match tents).
- Application fee

### **INSPECTIONS ARE TO BE COMPLETED BY THE FIRE MARSHAL'S OFFICE PRIOR TO OCCUPYING THE TENT**

Call 215-633-3617 to set up inspections. Please schedule inspections at least 48 hours in advance. Inspections must take place Monday through Friday (with the exception of Holidays observed by the Township) 9am-3pm. Inspections at any other time are subject to overtime fees of \$50.00 per hour with a minimum of 2 hours.

The permit review process takes approximately 2-3 weeks.  
Original issued permit shall remain on site.

**No work shall begin until permits are approved and issued. Any work done without permits will have the fees tripled; and will comply with any revisions required by the Fire Marshal's Office.**

If you have any questions regarding the permit process or requirements, please call 215-633-3617  
These are general guidelines and are subject to change.



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**E-MAIL SUBMIT**

## APPLICATION FOR TEMPORARY TENT PERMIT

<b>PERMIT No.</b> _____ <b>DATE ISSUED:</b> _____	<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*