PLUMSTEAD

5186 Stump Road PO Box 387 Plumsteadville, PA 18949



TOWNSHIP

Phone (215) 766-8914 Fax (215) 766-9831

Mass Gathering Permit Application

Date of Application:		
Date of Event:		
Applicant:		
	Name	Age (must be 21)
	Address	Phone Number
Event Sponsor:		
	Name	
	Address	Phone Number
Property Owner:		
	Name	
	Address	Phone Number
Event Location:		
	Address	
Reason for event:		
Anticipated number of atten	idees:	

Attachments:

- 1) Permit fee \$50.00
- 2) Insurance liability binder naming Plumstead Township, \$1,000,000 each event
- 3) Public gathering program/narrative statement as to the purpose of the event
- 4) Sketch plan showing proposed sight, event area, service roads, portable water facilities, sanitary facilities and parking area.

ck List:	
Will you have the need to hire police of	
2) Do you have sanitary facilities, ratio:	for every 100 people: approve temporary structures:
will you need our building inspector	o approve temporary structures.
	Applicant's Signature
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FO	R TOWNSHIP USE ONLY
Notes:	
Notes:	

5) A list containing traffic control/parking marshals, 1 for every 50 vehicles. (contact cell numbers)

6) A list containing event marshals, 1 for every 150 people. (contact cell numbers)7) A list of temporary structures that will need approval from our building inspector.

Approved by Police Chief