

Straban Township • Adams County • Pennsylvania



1745 Granite Station Rd. Gettysburg, PA 17325
 Phone: (717) 334-4833 Fax: (717) 334-0061
 Email: office@strabantownship.com
 Website: www.strabantownship.com

Application for Special Event Permit

Fee Received: _____

Receipt #: _____

Date Received in Office: _____

Received By: _____

Application Number: _____

Event Name:	Proposed Start Date	Proposed End Date	Date of Application		
Location of Proposed Event					
Zoning District:	Special Exception:				
	Zoning Hearing Date:				
Contact Person – Name	Address			Phone	
<u>Event Sponsor(s)</u>					
If the event is sponsored by a partnership of joint venture, all parties must sign in. List full legal name, address and phone number of all sponsors of the event. Submit copies of incorporation, by-laws and authorizing resolution if sponsor is a corporation. Attach additional sheets if necessary.					
Name	Address	City	State	Zip	Phone:
<u>Property Owner(s)</u>					
List Parcel numbers of all property involved in the event and full legal name and address of property owners. Attach additional sheets if required.					
Name	Address	City	State	Zip	Parcel #
<u>Program:</u> Attach a copy of the program for the event. If no program is prepared, attach a narrative statement as to the extent and the purpose for which the event is to be conducted.					
<u>Plot Plan:</u> Attach a diagram of the site of the special event showing the locations, and dimensions, where appropriate, of the proposed: service roads, entrances and exits to/from public roads, portable, water facilities, sanitary facilities, sewage disposal facilities, medical service facilities, security personnel sites, and food storage facilities, as well as camping facilities and projected plan for enclosure, if necessary, or the proposed site. The plan shall be drawn at an appropriate scale to provide ease of review, but no less than one (1) inch equals one hundred feet. The plan shall show property lines of adjacent properties, together with the land use of such adjacent properties and names of such property owners.					
<u>Neighboring Property Owners</u>					
Name	Address	City	State	Zip	Parcel #

For Official Use Only:

Dates of Publication _____	Newspaper of Publication: _____
Date Stenographer Hired: _____	Name of Stenographer: _____
Date of Notices Sent: _____	Date of Action: _____
Date Property Posted: _____	by : _____ Action: _____

Expected Attendance

Date	Start Time	End Time	Activity	Expected Attendance

Plan of Action: Attach a narrative which includes specific details in relation to the following factors:

- Hours of operation
- Sanitary Facilities – Including name(s) of sanitary/refuse contractors, number and location of toilets and dumpsters and frequency of emptying toilets and dumpsters.
- Security and Protection – of surrounding areas, including traffic control points, emergency phone list, and supervision of attendees.
- On Site Medical Facilities
- Emergency Management Plans – Including routes to and from off site medical facilities, plans for communication, and sign age for highways and private property. Application must be reviewed by the Police Department, Straban Township EMA Officials, and Zoning Officer.
- Control of Noise and Other Nuisances
- Food and Drink
- Transportation and Parking
- Janitorial services – Including post event cleanup and site restoration
- Portable Water Supply

Permits and Licenses

List other permits and licenses required by federal, state or local rules and regulations

Permit	Issuing Agency	Contact	Dates Valid

Bonding Bond will be provided by:

Insurance: Attach a copy of a general liability policy, naming the TOWNSHIP as insured, in the amount of \$5,000,000.

CERTIFICATION – All parties listed as property owners and sponsors on this application hereby confirm that they will jointly and severally abide by the terms and provisions with the ordinances, and all rules and regulations of the Commonwealth of Pennsylvania, County of Adams and Township of Straban.

All parties as sponsors or owners must sign this application

Name	Date	Name	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note that **8 copies** of the application and supporting documents are required for a Zoning Hearing.