

CHESTNUTHILL TOWNSHIP ZONING OFFICE

570-992-7247

APPLICATION FOR SPECIAL EVENT PERMIT

APPLICANT _____ PHONE _____
ADDRESS _____

PROPERTY LOCATION _____
TAX PARCEL NUMBER _____ ZONING DISTRICT _____
PRESENT USAGE OF PROPERTY _____

DETAILED EXPLANATION OF SPECIAL EVENT, INCLUDING TIMES, PARTICIPANTS,
SUPPORTIVE DATA AND OTHER RELATED PERMITS OR APPROVALS. (Attach addi-
tional sheets as required)

IF REQUIRED, HAVE THE STATE POLICE, FIRE AND AMBULANCE COMPANIES AND
ROAD DEPARTMENT BEEN NOTIFIED? PLEASE PROVIDE DETAILS.

IF REQUIRED, WILL SECURITY BE PROVIDED? PLEASE PROVIDE DETAILS.

WHO IS THE INSURANCE PROVIDER? PLEASE PROVIDE A VALID CERTIFICATE.

SIGNATURE OF APPLICANT

DATE

FEE \$50.00

WALTER HANSEN, ZONING OFFICER