Upper Darby Township Special Event Permit Application



Date of Event:	Name of Ever	nt:
Location of Event:		
Permit Start Time:	Per	mit End Time:
Event Start Time:	Event End Time:	
Name of Organization:	_	
	ame of Contact Person(s): Cell#:	
Email:	Address:	
TOTAL NUMBER OF:		
Volunteers:	Participants:	Banners or Signs:
Tents/Canopies:	Portable Restrooms:	Vendors:
Vehicles (proof of insurance re	quired): Describe:	
List All Sound Amplification (ie - DJ, Band, Microphone, Lou	d Speakers, Bullhorn):
Do Streets/Highways need to b	e blocked?(If yes, ple	ase list the intersections requested to be blocked along
		yes, describe:
		lth Department at 484-276-2100
11 112 6	-	Ship or School District?
If necessary, a meeting with t	the applicant may be requested	to further discuss the event.
In the case of a bonfire, a site buildings and structures. Fire	e plan must be submitted showing Dept may require fire detail - or leased property. (Location, 1)	location and route must be submitted with this application. Ing the exact location of the bonfire along with all nearby this must be arranged by the organizer. Bonfires are not route, date and time may be subject to change based on
liability limit of One Million PA 19082, as an additional in Township services provided for be arranged by the organized	dollars. This certificate must nansured. The organizer must also or this event including Police/Fi	e/show a Certificate of Insurance with a minimum general ame Upper Darby Township, 100 Garrett Rd, Upper Darby, o understand that they may be responsible for the cost of ire/Public Works Department Details. Police Details must us/ or 610-734-7693. Permit requests must be submitted date.
Name of Applicant:		Signature:
Date:		rev: 10/2025