Upper Darby Township Special Event Permit Application



Today's Date:		Date of Event:
Name or Type of Event:		
Start Time:	Location:	
End Time:	Location:	
Name of Organization:		
Name of Contact Person(s):		Cell#:
Email:	Address: _	
TOTAL NUMBER OF:		
Volunteers:	Participants:	Banners or Signs:
Tents/Canopies:	Portable Restrooms:	Vendors:
Vehicles (proof of insurance red	quired): Describe:	
List All Sound Amplification (i	ie - DJ, Band, Microphone, Lou	ud Speakers, Bullhorn):
Do Streets/Highways need to be with the number of barricade Will any animals be used during If food will be provided, please Will the applicant be applying for the street of the street	e blocked? (If yes, ple s requested) g the event? If contact Delaware County Hea for other permits from the Town	
_		e Upper Darby School District: 610-789-7200)
If necessary, a meeting with t		
In the case of a bonfire, a site buildings and structures. Fire	e plan must be submitted show Dept may require fire detail - or leased property. (Location ,	I location and route must be submitted with this application. ving 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 of PA 19082, as an additional in Township services provided for	dollars. This certificate must n usured. The organizer must also or this event including Police/F r at https://udpd.org/contact-	le/show a Certificate of Insurance with a minimum general name Upper Darby Township, 100 Garrett Rd, Upper Darby, so understand that they may be responsible for the cost of Fire/Public Works Department Details. Police Details must-us/ or 610-734-7693 . Permit requests must be submitted adate.
Name of Applicant:		Signature: