



SKIPPACK TOWNSHIP

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PARADE AND PROCESSION PERMIT APPLICATION

EVENT NAME: _____

EVENT DATE: _____ **TIME:** _____

Applicant: _____

Organization/Business Name: _____

Address: _____

Contact: _____ **Phone:** _____

Parade/Procession Route: _____

A CERTIFICATE OF INSURANCE NAMING SKIPPACK TOWNSHIP AS ADDITIONAL INSURED IS REQUIRED AND MUST BE ATTACHED TO THE PERMIT APPLICATION.

TOWNSHIP APPROVAL

DATE APPROVED BY THE BOARD OF SUPERVISORS: _____

SIGNATURE OF TOWNSHIP OFFICIAL: _____

NAME AND TITLE OF TOWNSHIP OFFICIAL: _____

**PERMIT SUBJECT TO APPROVAL BY
PENNSYLVANIA DEPARTMENT OF TRANSPORTATION**