



SKIPPACK TOWNSHIP

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SPECIAL EVENT PERMIT APPLICATION

EVENT NAME: _____

EVENT DATE: _____ TIME: _____

Applicant: _____

Organization/Business Name: _____

Address: _____

Contact: _____ Phone: _____

Event Location: _____

Event Description: _____

Company Providing Event Activities: _____

Company Address: _____

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

PARKING AND TRAFFIC CONTROL ARE THE RESPONSIBILITY OF THE APPLICANT

TOWNSHIP APPROVAL

DATE APPROVED BY THE BOARD OF SUPERVISORS: _____

SIGNATURE OF TOWNSHIP OFFICIAL: _____

NAME AND TITLE OF TOWNSHIP OFFICIAL: _____