



# WEST GOSHEN TOWNSHIP SPECIAL EVENT PERMIT

Name of Applicant: \_\_\_\_\_  
Contact Person

Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Fax No: \_\_\_\_\_ Cell/Other No.: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Type of Organization (Political, Religious, Homeowners Association, Fraternal, etc.):  
\_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Telephone No: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Rain Date: \_\_\_\_\_

Time of Event (Including setting up and dismantling): From \_\_\_\_\_ To \_\_\_\_\_

Type of Event (Casino Night, Block Party, Parade, etc.) \_\_\_\_\_

**PLEASE ATTACH A DETAILED DESCRIPTION OF YOUR EVENT.**  
***TO CLOSE OFF A ROADWAY, A PETITION MUST BE SUBMITTED WITH THE SIGNATURES OF THOSE HOMEOWNERS WHO WILL BE AFFECTED BY THE ROAD CLOSURE.***

Will barricades be required through West Goshen Public Works Department? \_\_\_\_\_

If yes, please indicate the number of barricades necessary. \_\_\_\_\_  
Contact the Public Works Dept., at **610-696-5266**, with any questions.

Will Traffic Control or Security be required through West Goshen Police Department? \_\_\_\_\_  
If yes, please contact Lt. Stone at **610-696-7400**.

**DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY**

Request for a Special Event is hereby GRANTED  DENIED

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Officer Signature Date

\_\_\_\_\_  
Fire Marshal Date

I acknowledge that I have been informed of any and all criteria governing this special event and the use of township equipment. By my signature I accept responsibility for the township equipment in my care.

Barricades received on \_\_\_\_\_ by \_\_\_\_\_.

Barricades returned on \_\_\_\_\_ received by \_\_\_\_\_  
West Goshen Staff