

SPECIAL EVENT PERMIT

Processions, Assemblages, Special Activities, and Film Shoots

Mahoning Township

849 Bloom Road
Danville, PA 17821

APPLICANT CONTACT INFORMATION

Contact Name: _____ Title: _____

Organization: _____ Municipal Sponsor Private Sponsor

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____ Hours: _____

SPECIAL EVENT INFORMATION

1. Special Event Name: _____

2. Special Event Type (Check all that apply): Procession Assemblage Special Activity Film Shoot

3. Special Event Purpose/Description (Attach additional sheet, if necessary):

4. Date of Special Event:..... From _____ To _____
a. Alternate Date of Special Event..... From _____ To _____

5. Time of Special Event:..... From _____ To _____
a. Alternate Time of Special Event..... From _____ To _____

6. Road(s) (List all roads involved in special event – Attach additional sheet, if necessary):

Road Name:	# of Lanes:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. Approximate number of vehicles in the special event: _____ vehicles

8. Approximate number of pedestrians involved in the special event:..... _____ pedestrians

SPECIAL EVENT INFORMATION (CONTINUED)

9. Roadway will be: Fully Closed Partially Closed Minor Encroachment Other

a. Describe the roadway closure and the effect on adjacent properties. (Attach additional sheet if necessary):

10. Travel distance of road closure/encroachment: _____

11. Travel distance of the alternate route: _____ N/A

NOTE: Alternate route shall not be more than 5 miles longer or 5 times greater in length than the normal travel distance. An alternate route is not required if one of the following conditions exists:

- a. The roadway to be closed is not a state route and is primarily used by local drivers who are familiar with an alternate route.
- b. The roadway is only partially or periodically closed and the vehicle escort service can safely maintain traffic on the remainder of the roadway.
- c. The roadway closing for less than 20 minutes and excessive traffic backup will not occur during closing.

12. Maintenance and Protection of Traffic (MPT): N/A

- a. MPT Performed By: _____
- b. MPT Contact Name: _____ Phone: _____
- c. Date MPT Requested: From _____ To _____
 - i. Alternate Date MPT requested: From _____ To _____
- d. Time MPT requested: From _____ To _____
 - i. Alternate time MPT requested: From _____ To _____

13. Vehicle Escort Service: N/A

- a. Vehicle Escort Performed By: _____
- b. Vehicle Escort Contact Name: _____ Phone: _____
- c. Date Vehicle Escort Service Requested: From _____ To _____
 - i. Alternate Date Vehicle Escort Service requested: From _____ To _____
- d. Time Vehicle Escort Service requested: From _____ To _____
 - i. Alternate Time Vehicle Escort Service requested: From _____ To _____

14. Certificate of Insurance

Select either of the following:

- I have the obtained the insurance outlined below
- I am requesting a waiver of the insurance requirement for the following:

Please sign complete the first three pages and then return this permit form to the Township's Secretary with all accompanying documentation. An incomplete permit request form will not otherwise be considered.

APPLICANT CERTIFICATION, PERMIT CONDITIONS & SIGNATURES

The applicant shall indemnify, save harmless, and defend (if requested) the Commonwealth of Pennsylvania, Mahoning Township, and their officers, agents, and employees from any and all claims, suits, or actions for injuries, death and/or property damage arising out of the procession, assemblage, or special activity identified in this permit where the claim, suit, or action was caused by the applicant, its officers, agents, and employees, the event participants, support staffs, event officials, volunteers, medical support, technical support, media vehicles, event communications staffs, the traveling public, general public, or spectators.

A certificate of insurance must be provided showing: (a) public liability insurance for bodily injury and property damage in the minimum amount of two hundred fifty thousand (\$250,000.00) per person and one million dollars (\$1,000,000.00) per occurrence to cover any loss that might occur as a result of the permitted use of the state highways/local roadways or that might otherwise arise out of or be connected with the event; (b) occurrence-based coverage; and (c) Mahoning Township named as an additional insured. The applicant warrants the information in the insurance certificate is accurate.

The event route shall be appropriately secured with proper security and safety measures taken to protect the event participants, support staffs, event officials, volunteers, medical support, technical support, media vehicles, vehicle escort services, maintenance and protection services, the traveling public, event communications staffs, the general public, and spectators. Proper emergency medical services shall be provided. Local fire departments, the general public, and the traveling public shall be notified in advance of the event. Written notification shall be submitted to each municipality notifying the municipality that the event uses state roads and written approval shall be obtained from each municipality granting the applicant permission to hold the event. The applicant shall coordinate and pay for temporary traffic control during the event.

Mahoning Township reserves the right to re-open any closed road(s) at any time due to any emergency that may occur which require the use of such roads to safely provide for movement of traffic through the area.

- I have attached a Certificate of Insurance as described above.
- I have read, understand, and agree to the above terms and conditions.
- I attest that all information in the special event permit application is accurate to the best of my knowledge.
- For a film shoot, I have read and agree to comply with the requirements of Exhibit A – Film Shoot Requirements.

Applicant

Contact Name (Print): _____ Title of Contact: _____

Contact Name (Signature): _____ Date: _____

Attesting Witness (Print): _____ Title of Witness: _____

Attesting Witness (Signature): _____ Date: _____

Mahoning Township Police Department

Reviewed by (Print): _____ Title of Contact: _____

Signature: _____ Date: _____

Approval by Supervisors Recommended? YES or NO

Remarks:

