

**UPPER FREDERICK TOWNSHIP  
P.O. Box 597  
Frederick, Pennsylvania 19435**

Township Building  
3205 Big Road, Obelisk, PA 19492

Phone: 610-754-6436  
Fax: 610-754-6828

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**SPECIAL EVENT APPLICATION / PERMIT**

Date: \_\_\_\_\_ Permit No: \_\_\_\_\_

Permit Expires: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Property Owner: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Expected number of persons to attend: \_\_\_\_\_

Day(s) and hours of event: \_\_\_\_\_

Medical / Ambulance support required?: \_\_\_\_\_

If yes, by whom?: \_\_\_\_\_

Fire Police Required?: \_\_\_\_\_

If yes, by whom?: \_\_\_\_\_

Has the Fire Police been contacted?: \_\_\_\_\_

Road closures / redirection required?: \_\_\_\_\_

If so, indicate: \_\_\_\_\_

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Is drinking water being provided? \_\_\_\_\_

If so, a Montgomery County Health Department water analysis report must be provided for water which is not bottled.

Insurance Company: \_\_\_\_\_

Insurance Contact No: \_\_\_\_\_

Policy No: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Township of Upper Frederick: \_\_\_\_\_

Permit Fee (\$75.00): \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check / Cash: \_\_\_\_\_