



UPPER MACUNGIE TOWNSHIP

8330 Schantz Road, Breinigsville, PA 18031

Rcv'd Date: _____

Permit #: _____

Issue Date: _____

Application for: **SPECIAL EVENT PERMIT**

LOCATION OF EVENT: _____

(Please Print ALL Information)

Organization Name: _____

This Organization is a(n): Association Corporation Individual Other

If other, please describe: _____

CONTACT INFORMATION

Name: _____ Signature: _____

Phone: _____ Email: _____

EVENT INFORMATION

Event Name: _____

Event Date(s): _____

Event Start Time: _____ Event End Time: _____

USE OF AREA INFORMATION

Requested for: _____

List of equipment, seating, exhibitor signage: _____

No food or drink will be served or used except: _____

For Official Use ONLY – Approval Date and Initial

Zoning Official

Bureau of Fire

UMT Police

Returned To Permit Dept

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

INSURANCE COVERAGE REQUIRED:

All Contractors performing work in Upper Macungie Township must have proof of insurance to include general liability and workers' compensation coverage.

If your policy does not include workers' compensation coverage, we will need the township's waiver form completed and notarized, the form can be notarized at Upper Macungie Township. You will need a valid form of Identification (such as driver's license). This form can be found in the licensing link on the website. This form should be included with your general liability certificate.

Upper Macungie Township must be listed as certificate holder.

Please forward a copy of your certificate to:

Upper Macungie Township
8330 Schantz Road
Breinigsville, PA 18031
Fax to 610-395-9355
Email: rcolfer@uppermac.org or sharons@uppermac.org

If you have any questions, please contact the township at 610-395-4892

Thank you,

Upper Macungie Township

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



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WORKERS' COMPENSATION INSURANCE COVERAGE CONTRACTORS IN ACCORDANCE WITH PA WORKERS' COMPENSATION REFORM ACT 44

Exemption:

Complete if the Applicant is a contractor claiming exemption from providing Worker Compensation Insurance.

The undersigned swears or affirms that he / she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

- **Contractor with No Employees** - Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless Contractor provides proof of insurance to Upper Macungie Township.
- **Religious Exemption** under the Workers' Compensation Law.

Print Company Name

Subscribed and sworn before me this
__ day of _____ 20 _____

Print Applicant Name

Signature of Notary Public

My Commission Expires: _____

Address

(Seal)

City/State/Zip Code

County/Municipality

Signature of Applicant