

TOWNSHIP OF CAMBRIDGE

22533 ELECTRIC DRIVE, CAMBRIDGE SPRINGS, PENNSYLVANIA 16403

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SPECIAL ACTIVITY PERMIT APPLICATION

Please provide information as requested below.

Also include a map or drawing showing proposed location.

Type of Event: _____

Date(s) of Event: _____

Start Time: _____ Stop Time: _____

Estimated Number of Participants: _____

Name of Organization: _____

Name of Contact Person(s): _____

Organization Address: _____

Organization Telephone Number: _____

Organization Email Address: _____

Event Location Address (If requesting shared use of Township roads, please list the roads):

Event Location Telephone Number: _____

Will you have temporary structures or signs? YES ____ NO ____

If YES, please explain below:

Other Pertinent Information Applicable to Event:

A Certificate of Insurance, held in the name of Cambridge Township, is required and due at the time of submitting the request.

I verify that the information contained in the foregoing Application is true and correct to the best of my knowledge. I understand that any false statements made are subject to the Penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Applicant's Signature: _____

Date: _____

****Office Use Only****

Action Taken by the Board of Supervisors:

_____ Approved

_____ Denied

Meeting Date: _____

Special Conditions attached to this Application:

Chairman: _____

Supervisor: _____

Supervisor: _____

Attest: _____