

**WRIGHTSTOWN TOWNSHIP, Bucks County, Pennsylvania**

2203 Second Street Pike,  
Wrightstown, PA 18940-9662  
215-598-3313  
215-598-0529 FAX



Permit #: _____
Fee: _____
Check #: _____
Date: _____

**USE PERMIT APPLICATION**

Name(s): \_\_\_\_\_ TMP No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Location of property/building: \_\_\_\_\_

\_\_\_\_\_ Zoning District: \_\_\_\_\_

Present Use of property/building: \_\_\_\_\_

\_\_\_\_\_

Proposed Use: \_\_\_\_\_

\_\_\_\_\_

Number of Concessions: \_\_\_\_\_

Size of Lot: \_\_\_\_\_ Size of Building(s): \_\_\_\_\_

Size of Proposed Building(s): \_\_\_\_\_

Measurement of Lot: Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

**TEMPORARY USES:** (e.g. Grange grounds and buildings, outdoor sales, etc.)

Dates and Times of Use: Set Up: \_\_\_\_\_

Event: \_\_\_\_\_

Breakdown & Clean Up: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Phone No. During Event: \_\_\_\_\_

Type of Activity (be specific): \_\_\_\_\_

\_\_\_\_\_

Materials to be Used/Sold: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated Attendance (No. of people and cars per day): \_\_\_\_\_  
How will security and traffic be managed? \_\_\_\_\_  
Number of township personnel needed: \_\_\_\_\_ Cost/hour: \_\_\_\_\_  
Number of police personnel needed: \_\_\_\_\_ Cost/hour: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Amount: \_\_\_\_\_  
(Attach copy of policy and submit at least 5 days before the event)  
Waste Disposal Hauler: \_\_\_\_\_ Deposit: \_\_\_\_\_

**REQUEST FOR USE OF SOUND EQUIPMENT**

Type of equipment: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
(Please indicate location, direction, height and wattage of all speakers on attached map.)  
Person in charge of sound equipment who will be present and can be contacted during event:  
\_\_\_\_\_ Phone No: \_\_\_\_\_  
Contact location: \_\_\_\_\_

**CHECK HAZARDOUS MATERIALS TO BE USED / STORED ON PREMISES:**

Gasoline: \_\_\_\_\_ Bottled gas: \_\_\_\_\_  
Ammunition: \_\_\_\_\_ Explosives: \_\_\_\_\_  
Chemicals: \_\_\_\_\_  
    Flammable: \_\_\_\_\_  
    Toxic: \_\_\_\_\_  
    Corrosive: \_\_\_\_\_  
    Radioactive: \_\_\_\_\_  
    Other (list all): \_\_\_\_\_  
Welding or Cutting: \_\_\_\_\_  
Machinery and Equipment: \_\_\_\_\_  
Employees: \_\_\_\_\_ Number of Full Time \_\_\_\_\_ Number of Part Time \_\_\_\_\_

**SEPTIC SYSTEM :**

Number of portable facilities: \_\_\_\_\_ Name of Hauler: \_\_\_\_\_

The applicant agrees to pay all expenses incurred by the township pertaining to this application. They shall include, but not be limited to legal, law enforcement, and engineering expenses.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date