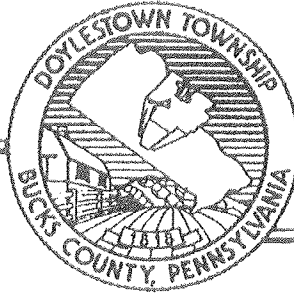


township of

Phone: 215-348-9915 • Fax: 215-348-8729  
Website: www.doylestownpa.org



doylestown

425 Wells Road • Doylestown, PA 18901

## SPECIAL EVENT

### APPLICATION GUIDELINES

#### WHAT IS A SPECIAL EVENT?

Examples would be: Parades, Fairs and Carnivals, Concerts, Firework Shows, Sporting Events, Political Events, Protests and Rallies, Celebrity Appearances, Air Shows. Possibly a large wedding.

ZONING PERMIT APPLICATION is to be used. It is available at the Twp. Administration building or can be printed from the website. The application is to contain **THREE (3) COPIES OF** the following information:

**DATES OF EVENT and HOURS OF OPERATION.**

Give estimate of attendance.

(If over 5000 people, an ambulance and fire truck are to be on scene with backup available should either have to leave the event. First Aid location to be established. Provide details of these arrangements. Over 25000 people and an onsite emergency treatment center will be required and two ambulances to be available). Consult with PA Dept. of Health for their requirements.

See the PA Title 28: Chapter 1013 for Special Event Emergency Medical Requirements

**SITE PLAN** showing the following:

1. Location of parking. Indicate number of handicap parking spaces provided (must be signed and include access isles).
2. If overflow or remote parking is to be used give details. Shuttle bus? Give details.
3. For restricted or special parking arrangements contact Doylestown Township Police Dept. and provide details with application.
4. Indicate on the site plan the location and size of all permanent and temporary structures.
5. Indicate use of all structures. (Sales, assembly, display etc.)
6. Indicate clearly on the plan which areas are Public Access, and which are Restricted Areas.
7. If over 200 loose seats are provided confirm that they will comply with IFC 2009 Sec.1028.12 (fastened together in groups of not less than three).

8. Indicate location and number of bathrooms. If temporary bathrooms are to be provided, indicate number, and which are handicap accessible. Who is maintaining the temporary bathrooms, what is the frequency of maintenance (pumping). Hand sanitizer to be provided with temporary bathrooms.
9. Indicate where trash and recycling dumpsters are located. The event must recycle and have recycle collection containers throughout the site. Show on plan location of recycle and trash collection containers.

#### EXTENDED HOURS OF OPERATION

If the event is overnight, occurs during darkness or in a dark structure, lighting, emergency lighting and illuminated exit signage will be required.

1. Electrical permit application required for 120v circuits and generators.
2. Show location of generators and fixtures.
3. Indicate type of fixture on plan, eg. Exit sign, emergency illumination, power to vendors tents.
4. All electrical installations to comply with the PA UCC, NEC 2008 and must be inspected by a PA Dept. of L&I certified 3<sup>rd</sup> party electrical inspector.
5. Temporary lighting that affects neighboring properties is to be shielded. Give details of lighting.

#### FIRE SAFETY

The event is to comply with the International Fire Code 2009

1. Copies of Flame Retardant Certification for temporary membrane structures to be provided.
2. 10lb ABC, or other as required, fire extinguisher locations to be shown on plan. The Fire Marshal will approve locations and advise if more extinguishers are required. All extinguishers to be mounted a maximum of 48 inches to the top of the handle and have a current inspection tag.
3. At a minimum, extinguishers to be located at each exit to an assembly structure and at each cooking or open flame location.
4. NO SMOKING signs to be posted in all structures.
5. Indicate Fire Hydrant locations on plan.
6. Indicate emergency vehicle access to site, access road around site to be 20 feet wide.
7. If any emergency vehicles are to be on site for the event, indicate location of vehicles on the site plan.
8. Call the local ambulance squad and Fire Department to notify them of the dates and times of the event so that they are aware of its scope.

#### FOOD/HEALTH SAFETY

1. Each food vendor is to have a permit from Bucks County Health Dept. Indicate location of each food vendor on the site plan and provide a copy of their health Dept. permit.
2. 20 foot separation is required between membrane structures that contain open flames (cooking).
3. Adequate drinking water is to be available. Indicate how this is provided.
4. Animal exhibits and petting zoos require a Health Dept. permit, provide copies with the application. Indicate location of required hand washing stations on site plan. Who is responsible for ensuring hand washing stations remain operative?
5. Complete the attached Medical Plan.

#### EVENT SAFETY

1. There must be an EVENT CONTROL CENTER. Indicate on plan, and it must be clearly identified for attendees.
2. Who is in charge at the event? Provide contact information for the Event Director. All employees and volunteers assisting with the event must be fully aware of the procedure, and have the ability to contact the Event Director as well as notify all three municipal emergency service agencies; Fire, Police and Ambulance. Give details of the training to be provided to the event staff.

3. There must be a PA system or method of communicating with all attendees in the event of an emergency.
4. Give details of the emergency evacuation plan.
5. Where is a location for lost children? (Event Control Center?)
6. Will there be sufficient staff at the event for the expected number of attendees? Give details of how security is addressed, and details of how traffic and parking will be directed on site. What are the numbers of these staff and what are their qualifications, or how will they be trained? Off site traffic or pedestrian control will have to be approved by the Doylestown Township Police Department.
7. Is a secure area required for dignitaries/VIP's? Show location.

#### WEATHER

What preparations are in place for bad weather? For example vehicle towing from temporary parking should mud develop. Give details.

#### INSURANCE

Certificate of Insurance for \$2M for general/aggregate and \$1M for each occurrence naming Doylestown Township as an additional insured is required.

#### APPLICATION

THE EVENT CANNOT TAKE PLACE WITHOUT A TOWNSHIP APPROVED PERMIT, ISSUED AFTER A SITE INSPECTION BEFORE THE START OF THE EVENT, SO PRE- PLANNING AND EARLY PERMIT SUBMITAL IS ESSENTIAL.

1. The Zoning Permit and (if applicable) Electrical permit application and all accompanying information in triplicate is to be submitted, and application fees paid: Zoning Permit \$150, Electrical \$54.
2. The application will be reviewed by: The Police Chief, Fire Marshal and Building Code Official.

A PLANNING MEETING with the Township Officials is required. The meeting attendees, depending upon the size and type of special event, should be from the following, as appropriate for the event:

Promoter/Sponsor  
Twp. Emergency Management Coordinator  
Law Enforcement  
Fire Department  
Fire Police  
Fire Marshal  
Emergency Medical Services  
Bucks County Health Department.  
Twp. Director of Code Enforcement  
Twp. Public Works Department  
County/State Officials

At this meeting:

The Incident Commander for the event will be appointed. This individual coordinates the event and serves as the ultimate decision maker.

The following will also be appointed:

- Incident Commander
- Chief Fire Officer
- Chief Security Officer
- Chief Emergency Medical Officer
- Safety Officer
- And others as appropriate.

THE INCIDENT COMMAND SYSTEM ground rules to be followed is NIMS/ICS

EVENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

<b>MEDICAL PLAN</b>	1. Incident Name	2. Date Prepared	3. Time Prepared	4. Operational Period						
	<b>5. Incident Medical Aid Station</b>									
Medical Aid Stations	Location			Paramedics Yes No						
<b>6. Transportation</b>										
<b>A. Ambulance Services</b>										
Name	Address		Phone		Paramedics Yes No					
<b>B. Incident Ambulances</b>										
Name	Location			Paramedics Yes No						
<b>7. Hospitals</b>										
Name	Address		Travel Time Air Ground		Phone		Helipad Yes No		Burn Center Yes No	
<b>8. Medical Emergency Procedures</b>										
Prepared by (Medical Unit Leader)						10. Reviewed by (Safety Officer)				