

**EVENT
(BIKE/ROAD/OTHER)
APPLICATION
REGULATIONS**

TINICUM TOWNSHIP
BUILDING & ZONING DEPARTMENT
163 MUNICIPAL ROAD
PIPERSVILLE, PA 18947
610-294-8076. FAX: 610-294-9889
WWW.TINICUMTOWNSHIP.ORG



Event Sponsor Info	Contact Name:		Title:		
	Organization:				
	Address:				
	City:		State:		Zip:
	Contact Phone#		Email:		

Application Review Fee		Check #	Date Paid:
Permit Fee \$	Residential/ \$.	Commercial	Check #
			Date Paid:

SPECIAL EVENT INFORMATION

SPECIAL EVENT NAME:

SPECIAL EVENT TYPE:

DESCRIBE THE SPECIAL EVENT IN BOX BELOW: (Attach additional sheet if necessary)

Date of Special Event:	Alternate Date:
Time of Special Event:	Alternate Time:

LIST ALL STATE AND LOCAL ROADS INVOLVED IN SPECIAL EVENT BELOW: (Attach additional sheet if necessary)

State Road #:	State Road Name:	Number of Lanes:
Local Road #:	Local Road Name:	Number of Lanes:

Approximate number of vehicles in the special event:

Approximate number of pedestrians involved in the special event:

Road will be: Fully Closed Partially Closed Minor Encroachment Other:

DESCRIBE THE ROAD CLOSURE AND AFFECT ON ADJACENT PROPERTIES IN BOX BELOW: (Attach additional sheet if necessary)

Travel distance of road closure:
Travel distance of the alternate route:
Will a vehicle escort service be used during the event: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of vehicle escort service if applicable:
Will Fire Police be used to direct traffic during the event: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Fire Police:
Have the Fire Police been contacted and confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No

EVENT SPONSOR CERTIFICATION, PERMIT CONDITIONS AND SIGNATURES

The event sponsor shall indemnify, save harmless, and defend (if requested) the Township of Tincum, the Commonwealth of Pennsylvania, The Department of Transportation, and their officers, agents and employees from any and all claims, suits, or actions for injuries, death and/or property damage arising out of the procession, assemblage, or special activity identified in this permit where the claim, suit, or action was caused by the event sponsor, its officers, agents, and employees, the event participants, support staffs, event officials, volunteers, medical support, technical support, media vehicles, event communications staffs, the traveling public, general public, or spectators.

A certificate of insurance must be provided showing: (a) public liability insurance for bodily injury and property damage in the minimum amount of two hundred fifty thousand (\$250,000.00) per person and one million dollars (\$1,000,000.00) per occurrence to cover any loss that might occur as a result of the permitted use of the township roads or that might otherwise arise out of or be connected with the event; (b) occurrence-based coverage; and (c) the Commonwealth of Pennsylvania named as an additional insured. The event sponsor warrants the information in the insurance certificate is accurate.

The event route shall be appropriately secured with proper security and safety measures taken to protect the event participants, support staffs, event officials, volunteers, medical support, technical support, media vehicles, vehicle escort services, maintenance and protection services, the traveling public, event communications staffs, the general public and spectators. Proper emergency medical services shall be provided. Local fire departments, the general public, and the traveling public shall be notified in advance of the event. If state roads are also being used, written approval must be obtained granting the event sponsor permission to hold the event. The event sponsor shall coordinate and pay for temporary traffic control during the event.

- I have attached a Certificate of Insurance as described above.
- I have read, understand and agree to the above terms and conditions.
- I attest that all information in the special event permit application is accurate to the best of my knowledge.

Event Sponsor Signatures

Contact Name (Print): _____	Title of Contact: _____
Contact Name (Signature): _____	Date: _____
Attesting Witness (Print): _____	Date: _____
Attesting Witness (Signature): _____	Date: _____

Tincum Township Signatures

Tincum Township Manager: _____	Date: _____
Tincum Township Chief of Police: _____	Date: _____
Tincum Township Director of Public Works: _____	Date: _____

**STANDARD PROCEDURES AND REQUIREMENTS FOR
Bicycle Events in Tincicum Township**

Name of Applicant/ Event Organizer _____ Date of Event _____

Expected Number of Riders _____

Provide at time of event application:

- An Insurance Certificate naming Tincicum Township as additional insured.
- A waiver/ hold harmless naming Tincicum Township.
- A Map of Route and site map showing the locations of all markings and signs.
- A material listing of all materials used to mark roadways (if applicable).
- Name/ Address/Phone Number/ email of person(s) responsible for marking of roadways

Print Name

Signature

Address

Phone and Email

No markings or signs will be permitted without prior authorization.

Markings on the road surface are of particular concern and will only be permitted on a case by case basis.

We agree that any approved marking and/or signage must be removed within 24 hours of the scheduled event.

We agree to abide by the Vehicle Code; Title 75 of the Commonwealth of Pennsylvania. Authorized Signature:

Name

Signature

Address

Phone and Email

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

In consideration of Tincum Township permitting a bicycle event to utilize the public roadways within Tincum Township, _____ (“Applicant”) agrees to indemnify, defend and hold Tincum Township, its elected and appointed officials, employees and agents harmless from and against all causes of action, claims, charges and expenses (including, without limitation, attorney’s fees and costs) which may be claimed against or incurred by Tincum Township, its elected and appointed officials, employees and agents arising from or in connection with the bicycle event and the compliance with any of Applicant’s obligations hereunder, regardless of whether the liability or claim of liability against Tincum Township in any suit or action brought on account of such claim of liability or any verdict or judgment entered in any such suit or action on account of any liability or claim of liability of Tincum Township, be, or alleged to be, due to, or on account of, any negligence of Tincum Township or any and all its elected and appointed officials, employees and agent, except to the extent caused by the gross negligence or willful misconduct of Tincum Township, its elected and appointed officials, employees and agents. Applicant hereby agrees to obtain and provide Tincum Township with proof of adequate liability insurance coverage prior to and during the bicycle event to insure against any possible claims arising out of the bicycle event. Such insurance shall be in such amounts and with such insurers as are acceptable to Tincum Township prior to commencement of the bicycle event.

(Name of Organization)

Date: _____

Signature: _____

Print Name: _____

Title: _____