

WILLINGBORO



TOWNSHIP
NEW JERSEY

Special Use Event Checklist

- Special Use Event Zoning Application (All Events)
- Building/Electrical/Fire/Plumbing Permits (All Events)
- Fire Safety application and confirmation DFS has received application.
- Confirmation from Willingboro Police Department and Willingboro Fire Department that they have been notified and coverage for function is required/not required. See attached Special Event Use Notification Form/Request For Officers Form (All events)
- Site Location Plan indicating address and location of all sales and activities taking place on property. (All events)
- Letter of Approval from owner of property where event is being held (All Events)
- Contract/Agreement between owner and organization. (All Events)
- Insurance coverage information (All Events)
- Ride List/Game List (Carnival/Circus)
- Tent Specification Information (All Events)
- Bleacher Specification Information (if Utilized)
- Portable Toilet Information (if Utilized)
- Health Department Notification (if food is being served) (All Events)
- USDA Animal Approval Certificate (Circus/Carnival)
- Copy of any promotional materials you have supplied to the public for advertisement. (All Events)

WILLINGBORO



TOWNSHIP
NEW JERSEY

Inspections Department
1 Rev. Dr. Martin Luther King, Jr. Drive
Willingboro NJ 08046
Phone # 609-877-2200 Ext. 1214 FAX # 609-877-1278

**SPECIAL USE EVENT
ZONING APPLICATION**

\$50.00 FEE

Type of Event: _____

Date and Time of Event: _____

Event Site Location: _____

Owner of Site Location: _____

Organization Name: _____ Phone #: _____

Address: _____

Contact Person: _____ Phone #: _____

Alt Phone #: _____

Contact Person email: _____

Please submit the following paperwork with application:

REFER TO ATTACHED SPECIAL USE EVENT CHECKLIST

Applicant's Printed Name: _____ Date: _____

Applicant's Signature: _____

Office Use Only

Approved

Denied

Conditions: _____

Date: _____

Zoning Official

**INSPECTIONS DEPARTMENT
SPECIAL USE EVENT NOTIFICATION FORM**

Event _____

Location _____

Date(s) _____ Time(s) _____

Contact Person _____ Phone Number _____

ALL WILLINGBORO TOWNSHIP DEPARTMENTS MUST BE NOTIFIED OF THE ABOVE EVENT PRIOR TO THE ISSUANCE OF ANY PERMITS. PLEASE TAKE THIS FORM TO THE DEPARTMENT LISTED BELOW FOR NOTIFICATION PURPOSES AND RETURN TO THE INSPECTIONS DEPARTMENT.

Police Department-Patrol Captain-1 Rev. Dr. Martin Luther King, Jr. Drive

Received Request for Regular Officers Form Yes _____ No _____

Name/Badge _____ Signature _____

Fire Department - 398 Charleston Road (609) 871-7476

The Fire/EMS Department was properly notified about the above event.

_____ Name _____ Signature _____

Fire/EMS required _____ Fire/EMS not required _____

Office Use Only

Inspections Department - 1 Rev. Dr. Martin Luther King, Jr. Drive, Suite 203

All documents needed for the permit has/has not been turned in and is approved/disapproved.

_____ (Name) _____ Date Issued _____

Comments: _____



WILLINGBORO TOWNSHIP POLICE

MUNICIPAL COMPLEX
KINAMO LOMON
Director of Public Safety

1 Rev. Dr. M. L. King, Jr. Drive
Willingboro, NJ 08046-2853
Main Phone (609) 877-3001

Request for Special Officer(s)

Date of Request: ___/___/20___

Date of Activity: ___/___/20___

Description of Activity: _____

Location of Activity: _____

Detail Start Time: _____

Detail End Time: _____

Number of Officer(s) requested: _____

- All requests must be made seven (7) days prior to the activity.
- A minimum of two hours per officer will be billed to your organization if the detail is not canceled at least 2 hours prior to start time.
- The rate for Special Officers is \$25.00 per hour per Officer, plus a 20% Administration fee.
- The fee for the a Patrol Motor Vehicle is \$100.00 per day per vehicle
- The Willingboro Township Police Department reserves the right to schedule more Officers if the activity is deemed to be a safety risk for the participants or the general public. The cost of the additional Officers will be billed to the sponsor of the event.

This section must be completed by the person making the request. Failure to do so may result in rejection of this request. (Please Print)

Name: _____

Address: _____

Day Phone: _____ Evening / Cell Phone: _____

Billing Name and Address: _____

Signature: _____

For Department Use (Officers Assigned):



WILLINGBORO TOWNSHIP POLICE

MUNICIPAL COMPLEX
KINAMO LOMON
Director of Public Safety

1 Rev. Dr. M. L. King, Jr. Drive
Willingboro, NJ 08046-2853
Main Phone (609) 877-3001

Request for Regular Officer(s)

Date of Request: ___/___/20___ Date of Activity: ___/___/20___

Description of Activity: _____

Location of Activity: _____

Detail Start Time: _____ Detail End Time: _____

Number of Officer(s) requested: _____

- All requests must be made seven (7) days prior to the activity.
- A minimum of two hours per officer will be billed to your organization if detail is not canceled at least 2 hours prior to start time.
- A charge of one and one half times (1½) the officers normal hourly rate, plus a 20% administration fee, will be imposed on all request.
- The fee for the a Patrol Motor Vehicle is \$100.00 per day per vehicle.
- The Willingboro Township Police Department reserves the right to schedule more Officers if the activity is deemed to be safety risk for the participants and/or the general public. The cost of the additional Officers will be billed to the sponsor of the event.

This section must be completed by the person making the request. Failure to do so may result in rejection of this request. (Please Print)

Name: _____

Address: _____

Day Phone: _____ Evening / Cell Phone: _____

Billing Name and Address: _____

Signature: _____

For Department Use (Officers Assigned):

