



TOWNSHIP OF HOPEWELL

201 Washington Crossing-Pennington Road
Titusville, New Jersey 08560-1410
Phone 609.737.0605 Ext. 6280

TEMPORARY ACTIVITIES PERMIT APPLICATION (Ord. 17-19)

1. A plan/sketch of the property showing the location of each amenity is required to be attached to application.
2. Submit application at least one (1) month prior to event to ensure timely processing by the Township Committee.
3. Please attach payment of \$30.00. Checks made payable to Township of Hopewell.

Date of Application: _____ Block and Lot: _____

Work Site Location / Street Address: _____

Applicant Name: _____

Applicant Email and Phone No.: _____

Property Owner Name and Signature: _____

Name of Event: _____

Date(s) of Event: _____

Start/End Time(s): _____

Number of Anticipated Attendees: _____

Parking:

- Existing lot
- Temporary lot. Describe parking and attach a plan showing location. _____

Restroom Facilities:

- Existing facilities on site
- Temporary facilities. Attach a plan showing number and location.

Tent / Canopy Use?: Yes or No

Tent/Canopy Dimensions: Length ____; Width ____; Height _____. Attach a plan showing location.

Cooking / Food Services:

- Yes, cooking on site
Indoor or Outdoor? Circle one and show location on a plan if outdoor.
Describe type of outdoor cooking. _____
- Yes, catered
- No cooking or catering

Additional Details: Please provide details regarding planned activities. Attach additional sheets as necessary:

FOR TOWNSHIP USE ONLY:

DATE RECEIVED:	INITIALS:	
DISTRIBUTION:	DATE APPLICATION DISTRIBUTED:	DATE COMMENTS RECEIVED:
FIRE COMMISSIONERS		
HEALTH DEPARTMENT		
POLICE DEPARTMENT		
MUNICIPAL CONSTRUCTION OFFICE		
DATE APPROVED TWP. COM.:	RESOLUTION NUMBER:	RESOLUTION DATE:
DATE DENIED TWP. COM.:	RESOLUTION NUMBER:	RESOLUTION DATE:
DATE APPROVED TWP. ENG.:		
DATE DENIED TWP. ENG.:		
CONDITIONS OF APPROVAL:		
<input type="checkbox"/> None <input type="checkbox"/> Noted in Resolution <input type="checkbox"/> Attached <input type="checkbox"/> _____		