



**TOWNSHIP OF HOPEWELL**

201 Washington Crossing-Pennington Road  
Titusville, New Jersey 08560-1410  
Phone 609.737.0605 Ext. 6640

**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 & Lot:** \_\_\_\_\_

**Work Site Location / Street Address:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Applicant Email & Phone No.:** \_\_\_\_\_

**Property Owner Name & 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:**

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