



## WEST CHESTER TOWNSHIP COMMUNITY EVENT PERMIT APPLICATION

**A Community Event Permit is required for any event that involves temporary road closures in West Chester Township:**

West Chester Township Resolution 21-2007 provides rules and guidelines for temporary road closures for parades and special events in the Township.

1. Applications for road closures for a period not exceeding 72 hours must be submitted at least 30 calendar days in advance of the first date of road closure.
2. Applications for road closures for a period exceeding 72 hours must be submitted at least 80 calendar days in advance of the first date of road closure.
3. Applicable insurance requirements must be filed and processed with West Chester Township seven (7) business days prior to the event in order to receive a final, approved Community Event Permit.
4. To be considered, applicants must complete the attached form including all requested information.
5. Late and incomplete applications may not be processed.
6. Factors that may be considered before the Township will grant a permit involving a road closure will include:
  - Impact on businesses and residents
  - Availability of detour routes
  - Signage and notification
  - Set-up of barricades and directional signage approved by Traffic Safety
  - Traffic control and safety, and safe access for emergency vehicles and apparatus
7. The Community Event Permit may be refused or cancelled if any of the following conditions are found:
  - a) The time, place, size, or conduct of the event including the assembly areas and route of march, if applicable, would unreasonably interfere with the public convenience and safe use of the streets and highways.
  - b) The event would require the diversion of so great a number of police officers to properly police the line of movement, assembly area, and areas adjacent thereto so as to deny normal police protection to the Township.
  - c) The parade route of march or assembly areas would unreasonably interfere with the movement of police vehicles, firefighting equipment or ambulance service to the Township.
  - d) The event would unreasonably interfere with another event for which a permit has been issued.
  - e) The information contained in the application is found to be false, misleading, or incomplete in any material detail.
  - f) An emergency such as a fire or storm would prevent the proper conduct of the event.
  - g) The Public Safety Director determines that conditions exist that could possibly jeopardize the health, safety or general welfare of the public.

8. If access to certain residents or businesses is restricted, the event organizer is responsible for preparing, printing, and distributing a notification letter to all affected residents and businesses.
  - a) Such letter must be approved by the Township Public Safety Director prior to being distributed.
  - b) Such letter must be received by the affected businesses and residents at least 30 days prior to the event.
9. For a fee, the Township may provide temporary no-parking signs, traffic cones, road barricades, etc. to secure road closure.
10. All road closures and lane restrictions will be set up and removed by Township staff.
11. The Township may assign a fee for processing any application or issuing any permit for a road closure request.
12. Road closure requests for a period exceeding 72 hours will be reviewed by the Public Safety Director and may only be granted with the approval of a majority of the Board of Trustees.
13. Road closure for a period less than 72 hours may be granted upon the recommendation of the Public Safety Director and approval of the Township Administrator.
14. Community Event Permit applications are submitted to:

Public Safety Director  
West Chester Township  
9113 Cincinnati Dayton Road  
West Chester OH 45069

Contact information:

West Chester Township  
513-777-5900

James Detherage  
Public Safety Director  
513-759-3040

Pam Naber  
Events Coordinator  
513-759-7301



# APPLICATION

## EVENT

Event Organizer(s): \_\_\_\_\_

Name/Title of Event \_\_\_\_\_

Purpose of Event \_\_\_\_\_

Dates and Times Requested: \_\_\_\_\_

Road Closure Start (Date & Time) \_\_\_\_\_ Event Start Time \_\_\_\_\_

Road Closure End (Date & Time) \_\_\_\_\_ Event Complete (Date & Time) \_\_\_\_\_

Person in Charge \_\_\_\_\_

Home/Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Event Day Contact (if different) \_\_\_\_\_  
Name Phone

Estimated Daily Attendance: \_\_\_\_\_ Estimated Total Attendance \_\_\_\_\_

Description/Purpose of Event: Include a list of roads to be closed and the corresponding intersections; a legible map of the closure areas and/or event site including placement of volunteers and personnel, assembly areas, route of parade (if applicable); description and indication of all on-site directional and promotional signage.  See Additional Attachments

\_\_\_\_\_  
\_\_\_\_\_

## PARKING PLAN

Describe plan for use of Township lots, non-Township lots, public and/or private lots. Include any request for removal of on-street parking;  See Additional Attachments

\_\_\_\_\_  
\_\_\_\_\_

## SANITATION PLAN

Event organizer is responsible for providing and servicing portable restrooms during events when permanent facilities are not available or deemed not adequate by the Public Safety Director for the estimated attendance.

Describe Sanitation Plan  See Additional Attachments

\_\_\_\_\_  
\_\_\_\_\_

Applicant declares all information submitted on this application is true and accurate. Applicant will immediately notify the Public Safety Director of any additions or changes that arise after application is submitted. Changes could result in denial or revocation of permit. On behalf of the above organization(s) and all members thereof, applicant agrees to abide by all policies, procedures and instructions set forth or provided by West Chester Township, its staff, officers and designated agents and will also comply with all relevant local, state and referral regulations.

\_\_\_\_\_  
Applicant (Print and Sign) Date

**PUBLIC SAFETY USE ONLY**

- Application conditionally approved pending  Insurance documents  Fees/Deposits \_\_\_\_\_
- Other \_\_\_\_\_
- Application fully approved
- Application denied: Reason \_\_\_\_\_



EVENT NAME/TITLE \_\_\_\_\_ REQUESTED DATE(S) \_\_\_\_\_

**EVENT ELEMENTS:** Indicate with Y/N in the left column whether your event will include any of the following elements

YES/ NO	TYPE OF ACTIVITY	TWP. DEPT.	YES/ NO	TYPE OF ACTIVITY	TWP. DEPT.
	Alcohol <input type="checkbox"/> beer <input type="checkbox"/> wine <input type="checkbox"/> spirits/mixed drinks	2		Live animals	2, 8, 9
	Special lighting	6, 8		Shuttle buses/mass transportation	2
	Amplified music/sound	2, 6		Parade on township streets / in public right of way	All
	Barbecue/open flame	1		Casino games/bingo/drawing/lottery	2, 5
	Car show	1, 2		Food/ beverage preparation/service/ vendors	1, 2, 9
	Carnival (attach detailed description)	All		Retail sales booth(s)	1, 5, 8
	Circus (attach detailed description)	All		Trade / craft show	1, 2, 3, 5, 8, 9
	Live performance/concert (attach details)	1, 2, 3, 5, 6		Tents/canopies (attach details listing quantities & sizes)	1, 8
	Public dance	1, 2, 3		Scaffolding/temporary structures (e.g. stages)	1, 2, 6
	Use of venue dumpsters/trash receptacles	6		Private security	2
	Dunk Tank	6		Posting of signs/promotional banners etc.	8
	Electrical generators	6, 8		Skydivers/hot air balloons/aerial activities	2, 6
	Exclusive use of township parking area (attach details)	2, 7, 8		Solicitation of funds	2, 5
	Fencing	1, 2, 6		Street closures (attach detailed descriptions & maps)	1, 2
	Fireworks/pyrotechnics/lasers/rockets, etc.	1, 2, 3		Race: type _____	2
	Portable restrooms	6		Media coverage	7
	Vehicles driven/parked in parks	1, 2, 6		Other _____	
	Inflatables (jumps, etc.)	6		Other _____	

**TOWNSHIP SERVICES REQUESTED/REQUIRED:** Indicate with Y/N in the left column whether you require or request any of the following township services. *Note: Fees may be charged for Township services.*

YES/ NO	TYPE OF ACTIVITY	TWP. DEPT.	YES/ NO	TYPE OF ACTIVITY	TWP. DEPT.
	Electrical hookup to Township/venue power sources	6		First aid on site	1, 3
	Additional trash services/receptacles	6, 9		Special park maintenance services (attach details)	6, 9
	Street sweeping	9		Fire Dept Suppression Equipment	1, 2, 3
	Use of Township park/recreation field/ shelter/building	1, 2, 6, 9		Other _____	
	Traffic control by Police (required for any street closure)	2		Other _____	
	Crowd control/security by Police	1, 2, 3		Other _____	

**DEPARTMENT KEY**

- |                               |                                 |                             |
|-------------------------------|---------------------------------|-----------------------------|
| 1. FIRE DEPARTMENT            | 5. FINANCE                      | 9. PARK /STREET MAINTENANCE |
| 2. POLICE DEPARTMENT          | 6. COMMUNITY SERVICES           | 10. OTHER _____             |
| 3. EMERGENCY MEDICAL SERVICES | 7 PUBLIC INFORMATION /MARKETING |                             |
| 4. ECONOMIC DEVELOPMENT       | 8. PLANNING & ZONING            |                             |

**Return completed Community Event Application form, plus any additional attachments & Information to:**  
 West Chester Township • Public Safety Director • 9113 Cincinnati Dayton Road • West Chester OH 45069

*Incomplete forms will not be processed.*



**WEST CHESTER TOWNSHIP**

**GROUP / ORGANIZATION  
WAIVER AND RELEASE OF LIABILITY**

ORGANIZATION/GROUP NAME: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

EVENT DATE(S): \_\_\_\_\_

**ON BEHALF OF THE ABOVE ORGANIZATION/GROUP**, I expressly **WAIVE, RELEASE** and **DISCHARGE** West Chester Township, its officers, agents, and employees or any other persons from any and all **LIABILITY** for any death, disability, personal injury, property damage, property theft or actions, including any alleged or actual negligent act or omissions, regardless of whether such act or omission is active or passive which may accrue to myself or members of my organization/group or our heirs in connection with our participation in the above described event. I fully understand and acknowledge that West Chester Township is relying on my representation that I have authorization to sign this document and that I will provide all members of my group a completed copy of this Waiver prior to our participation.

I expressly **INDEMNIFY AND HOLD HARMLESS** West Chester Township, its elected and appointed officers, agents and employees from any and all liabilities or claims made by me or my organization/group, my/our heirs and any other individuals or entities as a result of any of my/our actions in connection with my/our participation in this event except for those claims arising from the sole negligence or sole willful conduct of the Township, its officers, employees, volunteers or other representatives. Such indemnification includes liability settlements, damage awards, costs and attorney fees associated with any such claims.

I hereby certify that I have read this document, understand its content, and am authorized to sign this document on behalf of all members of the group I represent.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Please Print)

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT NUMBERS: \_\_\_\_\_  
Home Office Cell

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