

Borough of Franklin
APPLICATION FOR SPECIAL EVENTS PERMIT

1. Event Location: _____
2. Name, address and phone number of the applicant. _____

3. Name, address and phone number of the person responsible for event, including emergency contact number. _____

4. Date of Event: _____
5. The purpose of the event: _____
6. List any activities planned for the event: _____

7. Will temporary banners/signs announcing event be placed on building?
 No
 Yes If yes, list type of signs to be used and sizes: _____

NOTICE TO APPLICANT:

1. Applicant agrees to protect, defend, indemnify and save harmless the Borough, its agents or officers thereof from all claims, suits, actions and proceedings of every nature and description which may be brought against the Borough, its employees, officers or agents thereof for or on account of any injuries or damages to persons and/or property as a result of any work performed under the permit.

2. If the Special Event requires the closure of road to traffic, applicant will submit an application to request Police Traffic Control at least 3 days prior to the start of any event to the Police Department. Copy attached if needed.
3. Temporary banners/signs can be displayed on building up to 2 weeks only.

I acknowledge that all information and representations made in this application are true and accurate. I understand the Borough, its employees, officers and agents shall be held harmless from all loss, damage, claim or expense arising from the permit.

Signed: _____

Printed Name: _____

Date: _____

Position: _____

For Official Use Only

1. Received by: _____ Date Received: _____

2. Date Issued: _____



**FRANKLIN POLICE DEPARTMENT
BOROUGH OF FRANKLIN
SUSSEX COUNTY, NEW JERSEY**



**JOSEPH A KISTLE
CHIEF OF POLICE**

**15 CORKHILL ROAD
FRANKLIN, NJ 07416**

(973) 827-9635

(973) 827-7700
FAX: (973) 827-1486

**REQUEST FOR POLICE TRAFFIC CONTROL
AND/ OR
NOTIFICATION OF TEMPORARY ROAD CLOSURE**

THE FOLLOWING REQUIREMENTS **"MUST"** BE MET WHEN ANY WORK IS BEING DONE ON A ROADWAY OR A TEMPORARY CLOSURE OF A ROADWAY WITHIN THE BOROUGH of FRANKLIN.

1. Date of Request: _____
 2. Dates & Times of Scheduled Work: _____
 3. Dates & Times Roadway to be Closed: _____
 4. Dates & Times Roadway will be Re-opened: _____
 5. Construction Signs "Must" be Displayed:

	yes	or	no	
a. barricades	_____		_____	_____
b. road closed	_____		_____	_____
c. detour	_____		_____	_____
d. cones	_____		_____	_____
e. work zone	_____		_____	_____
 6. Flagmen to be used: Yes or No _____ Number of Police Requested: _____
 7. Contractor Information:

Company Name: _____	Phone: _____
Address: _____	Owner: _____
City: _____ State: _____	Zip Code: _____
 8. On Site Foreman/Supervisor: _____
Emergency Contact Information: Home: _____ Cell: _____
 9. Monies Deposited in Escrow Yes _____ No _____ Initial Amount: _____
- Date Received: _____ Received By: _____

THIS FORM MUST BE RETURNED NO LESS THAN THREE (3) DAYS PRIOR TO THE START OF ANY WORK. FAILURE TO COMPLY WITH ANY JOB SITE REQUIREMENTS SHALL RESULT IN AN IMMEDIATE JOB SHUT DOWN.