

**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: \_\_\_\_\_

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*For Official Use Only*

1. Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

2. Date Issued: \_\_\_\_\_



# Franklin Borough Police Department

## Sussex County, N.J.

Gregory Cugliari  
Chief of Police

15 Corkhill Road • Franklin Borough, New Jersey 07416  
Telephone: (973) 827-7700 • Facsimile: (973) 827-1486 • www.franklinborough.org

### 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.**