



TOWNSHIP OF SPRING

Department of Public Safety

Berks County, PA

2850 Windmill Rd.

Reading, PA 19608

Tel. (610) 678-5393

Fax. (610) 678-4571

www.springtwpberks.org

Public Gathering Application

rev. 1/2026

Applicant

Name and Title of Applicant: _____

Address: _____

Cell Phone #: (____) _____ Email Address: _____

Host / Sponsor of Program/Event

Name: _____ Phone #: (____) _____

Address: _____ Email Add: _____

Name: _____ Phone #: (____) _____

Address: _____ Email Add: _____

Location

Gathering Location Address: _____

Name of Person in Charge of Property: _____

Cell Phone #: (____) _____ Email Address: _____

Has permission to use the property been fully obtained from the property owner? Yes / No

Will any portion of the event be conducted on Township owned property? Yes / No

If yes, please provide Certificates of Liability Insurance with the Township specifically named as an Additional Insured for all applicable liabilities.

Timing and Duration

Date(s) of Event: _____

Time: From _____ To _____

Rain Dates, if any: _____

General

Public Gathering Narrative Description: _____

Attendance

Total Anticipated Attendance at Program / Event: _____

Anticipated Peak Attendance at Any Time: _____

Date and Approximate Time of Peak Attendance: _____

Method of Estimating or Predicting Attendance: _____

Will an Entry Fee be Charged? Yes / No

Proposed Method(s) for Controlling Attendance: _____

Are overnight on-site accommodations required for the Public Gathering? Yes / No

If yes, please describe: _____

Will alcoholic beverages be consumed? Yes / No

If yes, please describe: _____

Will alcoholic beverages be sold? Yes / No

If yes, please attach copy of Liquor Control Board license or approval.

Sanitary Sewage Facilities

Number of Public Sewer Connected Sanitary Fixtures: _____ Male _____ Female _____ Uni-
(show location of all restrooms on submitted site plan)

Number of Private On-lot Sewage Disposal Fixtures: _____ Male _____ Female _____ Uni-
(show location of all restrooms on submitted site plan)

Number of Temporary Toilets to be provided: _____
(show locations of portable toilets on site plan)

Temporary Toilet Provider: _____ Emergency Phone #: (____) _____

Garbage and Rubbish Disposal

Are any garbage and rubbish disposal facilities currently on site? Yes / No
(show location of all waste disposal facilities on submitted site plan)

Number and Size of existing waste disposal dumpsters: _____

Will additional waste disposal facilities be necessary? Yes / No

Number and Size of additional waste disposal dumpsters: _____

Waste Disposal Provider: _____ Phone #: (____) _____

Traffic and Parking

Number of off-street parking spaces available during the event:

Paved: _____ Stone/Similar: _____ Grass: _____

Are all parking areas illuminated? Yes / No

Describe methods of traffic and parking control to be implemented: _____

Will Township Fire Police services be requested for traffic control? Yes / No

If Yes, please contact Township Fire Chief at least 60 days in advance of event at
firedept@springtwpberks.org or 484-509-2617

Security

Describe the event's security plans and needs: _____

Number of privately employed personnel devoted entirely to security: _____

Will outdoor activity areas be fenced or otherwise enclosed? Yes / No

Noise

List all sources of noise potentially generated by the event that could be perceived at exterior property boundaries:

Fire Prevention / Operational Permits

Indicate the presence of any feature requiring an operational permit defined by the adopted International Fire Code:

- Special Amusement Building:
(A temporary, mobile, or permanent building that conveys passengers or provides a walkway along, around, or over a course in any direction as a form of amusement arranged so that a path of egress is not readily apparent)
- Carnival or Fair:
- Exhibits and Trade Show:
- Explosives/Pyrotechnic Special Effects:(including fireworks):
- Flammable or Combustible Liquids: (exceeding 5 gallons).....
- Fueled Vehicles Inside Buildings:
- Mobile Food Preparation Vehicles:
- Propane Tanks > 500 gallons:
- Open Burning:
- Open Flames and Torches: (including candles)
- Compressed Gases
- Place of Assembly:
- Temporary Membrane Structures and Tents (>400 sq.ft.):

Plot Plan

Submit a plot plan of the property and/or structure to scale where the Public Gathering will be held. The plot plan must contain sufficient detail and clarity for the application to be considered complete. Please show the following information and any other pertinent detail or activity:

- Location and dimensions of the areas where entertainment or recreation is proposed to be conducted.
- Location and dimensions of areas for spectators.
- Location of all existing and proposed, permanent and temporary structures.
- Parking areas and parking layouts including access aisles.
- Service Roads.
- Potable water facilities.
- Sanitary and waste disposal facilities.
- Sewage disposal facilities.
- Medical service facilities.
- Security facilities and personnel
- Facilities for food and beverages.
- Preparation and service facilities.
- Camping facilities.
- Projected plans for enclosure
- Audible noise sources.
- Location of all Operational Permit required functions.

Attest

I hereby certify that the proposed event is authorized by the owner of record and that I am or have been authorized by the owner to make this application as his or her agent. I also certify that all information submitted in this application is true and correct to the best of my ability, and I agree to conform to all applicable laws and regulations of jurisdiction.

Owner/Applicant/Authorized Agent

Date