

**Assemblage/Procession Permit - Policies & Procedures**

**Policies:**

1. A permit is required when roads in Lancaster Township are used for assemblages (including block parties) and/or processions.
2. It is unlawful to conduct an assemblage/procession without first obtaining a permit from Lancaster Township.
3. Application must be submitted within the time-frame (outlined below) to allow for sufficient processing time.
4. Application must be complete when submitted. Insurance Waiver Release is required.
5. Surrounding roads must be kept passable for all traffic, especially emergency vehicles.
6. Police and Fire Police shall have the authority to direct traffic involved with the permit issuance.
7. If barricades are requested, the applicant is responsible for contacting the township public works office at (717) 293-1733 (when permit is issued) to arrange for the loan of barricades. If barricades are not available, the applicant is responsible for securing barricades from another source.
8. Township Public Works Department shall have the authority to erect barricades.

**Application Procedures:**

1. Time-frame for submission of an application.
  - a. When **township roads** are involved, **application must be submitted at least two (2) business weeks in advance of the event.**
  - b. When **state roads** are involved, **application must be submitted at least three (3) business weeks in advance of the event.**
  - c. Requests utilizing **multiple roads/routes** throughout the township **should be submitted more than three (3) business weeks in advance of the event**, and include a map outlining the route(s).
2. Applicant shall complete all information on the application, including signature/date.
  - a. Name of Applicant and/or Business
  - b. Address and Contact information
  - c. Purpose/Name of Event
  - d. Start day, date and time
  - e. End day, date and time
  - f. Rain day, date and time (if applicable)
  - g. List road(s)/route involved. *Include map outlining the route if multiple roads will be used.*
  - h. Special Requests (if applicable)
  - i. Insurance Waiver Release form must be completed and submitted with the application

The Township Manager, in consultation with the Police, Fire Police, and Public Works, shall approve or deny the application for the permit. Each decision shall be determined case-by-case, with each application decided on the basis of its own merits and requirements. The application must be complete to be considered.

If approved, a permit will be issued and forwarded to the applicant, with copies going to the Police, Fire Police, and Public Works.

**LANCASTER TOWNSHIP BOARD OF SUPERVISORS**

1240 MAPLE AVENUE, LANCASTER, PA 17603

Telephone (717) 291-1213 | Fax (717) 291-6818 | www.twp.lancaster.pa.us

**Assemblage/Procession Permit - Application**

Fill-in form or print legibly. Boxes highlighted in **Red** are required.

Applicant or Business

Complete Address

Website (if applicable)

Contact Name

Telephone

Email

Fax

Purpose/Name of Event:

Start Day, Date & Time:

End Day, Date & Time:

Rain Day, Date & Time (if applicable):

Road(s)/route involved. *Include map outlining the route if multiple roads will be used.*

Special Requests (e.g. park bathrooms open, barricades, etc.)

*I understand the following:*

1. Surrounding roads must be kept passable for all traffic, especially emergency vehicle.
2. Police/Fire Police shall have the authority to direct traffic involved with the permit issuance.
3. Township Public Works Department shall have the authority to erect barricades.

Applicant Signature (*Print form & Sign*)

Date

**TOWNSHIP USE ONLY:**

Acknowledgement forwarded to PD, FP, PW: \_\_\_\_\_  
Date

Permit Granted: Yes \_\_\_\_\_ No \_\_\_\_\_

Permit No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_

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**Insurance Waiver Release**  
(Must be submitted with application.)

I, \_\_\_\_\_, the undersigned representative of

am providing Lancaster Township with this completed Insurance Waiver Release as assurance that Lancaster Township is released from any and all liabilities connected with this event named:

The event will begin on:

Start Day, Date & Time:

Finish Day, Date & Time:

Rain Day, Date & Time (if applicable):

Insurance coverage for this event, which covers all parties involved, is provided by:

Insurance Company:

Address:

Policy Number:

Contact:

Telephone:

Applicant Signature (*Print form & Sign*)

Date