



Special Event Permit Application

Permit Number: _____ Date Issued: _____

Effective Date – from: _____ to: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

Name of Company (if applicable): _____

Address of Company (if applicable): _____

Description of event: _____

Applicant Signature

Date

Zoning Officer Signature

Date

68 EAST PIKE STREET, CANONSBURG, PA 15317

PHONE (724) 745-1800 FAX (724) 745-8850



*****Please attach a certificate of liability insurance for the event, including an additional insured clause naming the Borough of Canonsburg as an Insured for an amount of no less than \$1,000,000 per occurrence.*****

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