

SPECIAL EVENT PERMIT**Processions, Assemblages and Special Activities, and Film Shoots****APPLICANT CONTACT INFORMATION**

Contact Name: _____ Title: _____

Organization: _____ ☐ Municipal Sponsor ☐ Private

Sponsor Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____ Hours: _____

SPECIAL EVENT INFORMATION

1. Special Event Name: _____
2. Special Event Type (Check all that apply): ☐ Procession ☐ Assemblage ☐ Special ☐ Activity ☐ Film Shoot
3. Special Event Purpose/Description (Attach additional sheet if necessary):

4. Date of Special Event: From _____ To _____

a. Alternate Date of Special Event: From _____ To _____

5. Time of Special Event: From _____ To _____

a. Alternate Time of Special Event: From _____ To _____

6. County(ies):

7. Municipality(ies):

8. State Road(s) (List all state roads involved in the special event - Attach additional sheet if necessary):

State Route Number:	State Road Name:	Number of Lanes:	Type of Highway:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL EVENT INFORMATION (CONTINUED)

9. Approximate number of vehicles in the special event: _____ vehicles
10. Approximate number of pedestrians involved in the special event: _____ pedestrians
11. Highway will be (check all that apply): ☐ Fully Closed ☐ Partially Closed ☐ Minor Encroachment ☐ Other

a. Describe the highway closure and the affect on adjacent properties. (Attach additional sheet if necessary):

12. Travel distance of road closure/encroachment: _____
13. Travel distance of the alternate route: _____ ☐ N/A

NOTE: Alternate route shall not be more than 5 miles longer or 5 times greater in length then the normal travel distance. An alternate route is not required if one of the following conditions exists:

- a. The highway to be closed is not a state route and is primarily used by local drivers who are familiar with an alternate route.
- b. The highway is only partially or periodically closed and the vehicle escort service can safely maintain traffic on the remainder of the highway.
- c. The highway closing for less than 20 minutes and excessive traffic backup will not occur during closing.
14. Does the special event occur on a freeway: ☐ Yes ☐ No
- The following five (5) questions pertain to the use of a freeway: ☐ N/A

- a. Please state the reason(s) why this event should use a freeway, including safety aspects to both motorists and event participants. (Explain on a separate attached sheet)
- b. Are there a minimum of two lanes of traffic in each direction of flow: ☐ Yes ☐ No
- c. Will the special event move orderly and uniformly along the freeway: ☐ Yes ☐ No
- d. Will the special event use a maximum of one lane of the highway and can the MPT Contractor safely maintain traffic on the remainder of the highway: ☐ Yes ☐ No
- e. Will the delay for traffic entering or leaving the highway at ramps be no more than 5 minutes and can MPT control all delayed traffic: ☐ Yes ☐ No

15. Notification of Pennsylvania State Police (PSP) (Please Contact Station Commander at Local PSP Barracks):

a. PSP Contact Name: _____ Title: _____ Date: _____

16. Maintenance and Protection of Traffic (MPT): ☐ N/A

- a. MPT Performed By: _____
- b. MPT Contact Name: _____ Phone: _____
- c. Date MPT requested: From _____ To _____
- i. Alternate Date MPT requested: From _____ To _____
- d. Time MPT requested: From _____ To _____
- i. Alternate Time MPT requested: From _____ To _____

17. Vehicle Escort Service: ☐ N/A

- a. Vehicle Escort Performed By: _____
- b. Vehicle Escort Contact Name: _____ Phone: _____
- c. Date Vehicle Escort Service requested: From _____ To _____
- i. Alternate Date Vehicle Escort Service requested: From _____ To _____
- d. Time Vehicle Escort Service requested: From _____ To _____
- i. Alternate Time Vehicle Escort Service requested: From _____ To _____

APPLICANT CERTIFICATION, PERMIT CONDITIONS, & SIGNATURES

The applicant shall indemnify, save harmless, and defend (if requested) the Commonwealth of Pennsylvania, the Department of Transportation, and their officers, agents, and employees from any and all claims, suits, or actions for injuries, death and/or property damage arising out of the procession, assemblage, or special activity identified in this permit where the claim, suit, or action was caused by the applicant, its officers, agents, and employees, the event participants, support staffs, event officials, volunteers, medical support, technical support, media vehicles, event communications staffs, the traveling public, general public, or spectators.

A certificate of insurance must be provided showing: (a) public liability insurance for bodily injury and property damage in the minimum amount of two hundred fifty thousand (\$250,000.00) per person and one million dollars (\$1,000,000.00) per occurrence to cover any loss that might occur as a result of the permitted use of the state highways or that might otherwise arise out of or be connected with the event; (b) occurrence-based coverage; and (c) the Commonwealth of Pennsylvania named as an additional insured. The applicant warrants the information in the insurance certificate is accurate.

The event route shall be appropriately secured with proper security and safety measures taken to protect the event participants, support staffs, event officials, volunteers, medical support, technical support, media vehicles, vehicle escort services, maintenance and protection services, the traveling public, event communications staffs, the general public, and spectators. Proper emergency medical services shall be provided. Local fire departments, the general public, and the traveling public shall be notified in advance of the event. Written notification shall be submitted to each municipality notifying the municipality that the event uses state roads and written approval shall be obtained from each municipality granting the applicant permission to hold the event. The applicant shall coordinate and pay for temporary traffic control during the event.

The Department reserves the right to re-open any closed road(s) at any time due to any emergency that may occur which require the use of such roads to safely provide for the movement of traffic through the area.

- ☐ I have attached a Certificate of Insurance as described above.
- ☐ I have read, understand, and agree to the above terms and conditions.
- ☐ I attest that all information in the special event permit application is accurate to the best of my knowledge.
- ☐ For a film shoot, I have read and agree to comply with the requirements of Exhibit A - Film Shoot Requirements.

Applicant

Contact Name (Print): _____ Title of Contact: _____

Contact Name (Signature): _____ Date: _____

Attesting Witness (Print): _____ Title of Witness: _____

Attesting Witness (Signature): _____ Date: _____

Pennsylvania Department of Transportation

District Traffic Engineer (Print): _____

District Traffic Engineer (Signature): _____ Date: _____

District Executive (Print): _____

District Executive (Signature): _____ Date: _____

Remarks:

Actions

1. Complete the Route/Bridge Restriction (M-937R) form and submit it at least ten (10) business days prior to the special event.
2. Notify the Traffic Management Center (TMC) of the special event date.