

**TEMPORARY / EVENT PERMIT**  
**Lehman Township Zoning Office**

P.O. Box 140 Lehman, Luzerne County, PA 18627  
Phone (570) 675-8224  
James Welby, Zoning Officer

Submission date: _____
App. Fee: \$ _____
Payment: _____
Permit #: _____-_____

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**Lehman Township Board of Supervisors**

David H. Sutton, Chairman  
Raymond Iwanowski, Vice Chairman  
Douglas W. Ide, Roadmaster

Alvin L. Cragle, Secretary/Treasurer  
M. Jack Haley, Esquire Solicitor

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**TEMPORARY / EVENT ZONING PERMIT APPLICATION**

**Name of event & location / address of event:**

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**Sponsor of Event (includes Name, Address & Phone Number):**

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**Contact person(s) running / in charge of Event (Include Name, Address & Phone Number) :**

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**OWNER'S: Name, Address and Phone Number (IF NOT APPLICANTS):**

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**Dates of Event: \_\_\_\_\_ (Rain date) \_\_\_\_\_ Times: \_\_\_\_\_**

**List of roads in Township used OR effected by this event:**

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**Police Department needed? (call 570-675-1483) : \_\_\_ YES or \_\_\_ NO , spoke with Officer**

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**Restrictions (if any) or Notes:**

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**Insurance Certificate, Fee, map of roads used and contact with police if they are needed must be with this application, otherwise not complete and will not be reviewed. MUST be submitted at least 30 days prior to event. Thank you.**

1. \_\_\_\_\_  
(Signature of Applicant Sponsoring the event) (Date)

\_\_\_\_\_  
(Signature of Owner of property or manager with Authorization) (Date)

2. ZONING OFFICE REVIEW: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Zoning Officer) (Date)

Fee: \$50.00 for basic event, large events call for Fee schedule.

\*\*Application Fee: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check #: \_\_\_\_\_ Date paid: \_\_\_\_\_ \*\*

Checks payable to: Lehman Township

PERMIT MUST BE POSTED AT EVENT