

BETHLEHEM TOWNSHIP SCHOOL DISTRICT BOARD OF EDUCATION
APPLICATION FOR USE OF SCHOOL FACILITIES

This application must be returned with a certificate of liability insurance policy (naming the Bethlehem Township School District Board of Education as additional insured) covering this event to:

Business Administrator
Bethlehem Township Board of Education
Thomas B. Conley School
940 Iron Bridge Road Asbury, NJ 08802
908-537-4044 x231
Fax: 908-537-4309

Applications received without liability insurance certificate will be held or returned until insurance certificate can be provided

Application liability insurance certificate must be received at least one week prior to date requested for use of building/grounds.

When an organization qualifies for facility rental or custodian fees as described in Board Regulation BT R1330 "Use of School Facilities", charges will be assessed as follows. Rental fees are for each 6-hour period of use.

CLASS II GROUP (POLICY 1330)
RENTAL FEES (for "as is" conditions)
Gymnasium \$500
Multi-Purpose Room \$150
Kitchen * \$100
Athletic Field \$ 50
Classroom \$ 20
Kitchen * \$100
Athletic Field \$ 50
Classroom \$ 20

CLASS I GROUP EXEMPT FROM RENTAL FEES

- a. All student activities approved by the Board of Education and scheduled by the building principal.
- b. All approved school district activities.
- c. Bethlehem Township PTA.
- d. Bethlehem Township Scout Organizations.
- e. Users to be designated by the Board of Education or its designee.
- f. Bethlehem Township Recreation Department
- g. Bethlehem Township Education Association
- h. Bethlehem Township Senior Citizens

*Kitchen Use also requires the presence of a Food Service Management Company employee at an additional cost to the user.

CUSTODIAN FEES

Weekdays: 1x custodial hourly rate
Saturdays/Sundays/Holidays 2x custodial hourly rate

Custodial rates are subject to change/increase on July 1 of each year. Fees will be billed at the rate that is in effect when the facility use occurs, and may be higher than the rate at the time application is made.

Hourly rates for the 2006/2007 school year are as follows:

Weekdays: \$25.00 per hour

Saturdays/Sundays/Holidays: \$50.00 per hour

BETHLEHEM TOWNSHIP SCHOOL DISTRICT BOARD OF EDUCATION
APPLICATION FOR USE OF SCHOOL FACILITIES

Please complete all items.

Name and Billing Address of Organization:

Organization Contact/Responsible Person: _____

Phone Number: _____ Purpose: _____

Facility Requested: _____ Thomas B. Conley School _____ Ethel Hoppock Middle School

Date(s) Requested :(attach additional sheet if necessary) _____

Activity Begins at: _____ Activity Ends at: _____

If additional time is needed for preparation of activity please indicate date and time: _____

Facilities Requested:

Gymnasium _____ Multi-Purpose Room _____ Cafeteria _____

Classroom _____ Library _____ Other _____

Chairs? How many? _____ Tables? How Many? _____ Stage? _____ Podium? _____

Kitchen and/or kitchen equipment: No _____ Yes _____ (Specify) _____

I agree, on behalf of the above indicated organization, that all members and guests will observe the regulations, policies and rules of the District and that we, individually and as an organization, will assume full financial responsibility for any and all damages done to the Bethlehem Township School property during the above indicated period of use. We also agree that our organization will at all times hereafter, indemnify the Bethlehem Township School District and Board of Education against any loss, damage or expense of any kind, which said school may sustain or incur during or as a consequence of the use of the school's facilities by our organization, and we will further hold harmless said School District and Board of Education for any and all loss in connection herewith.

I understand that school related activities have first priority for the use of school facilities. I have read the Board Policy and regulation No. 1330 governing the Use of Bethlehem Township School Facilities. I have provided a certificate of insurance naming the Bethlehem Township Board of Education as additional insured.

Requesting Party Signature

Date

FOR BETHLEHEM TOWNSHIP SCHOOL DISTRICT USE ONLY

Principal's Signature

Date

_____ Request Approved _____ As Amended Fees Apply _____ Request Not Approved*

*Reason for denial of request: _____

Anticipated Cost for Use of School Facilities: _____ Rental Fee _____ Custodial Fee _____

Signature of School Official

Date

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF FIRE SAFETY
PO BOX 809
TRENTON, NEW JERSEY 08625-0809
(609)-633-6132
(609)-633-6330 (Fax)

APPLICATION
FOR
PERMIT



LOCATION INFORMATION

MUNICIPAL CODE: 1002 - 925 REGISTRATION #: 1002 - 58305

Name: _____ Street Address: _____
Municipality: _____ County: _____
State: _____ Zip Code: _____ Telephone No: _____ Fax No: _____

APPLICANT INFORMATION

Applicant's Name: _____ Applicant's Home Street Address: _____
Municipality: _____ County: _____
State: _____ Zip Code: _____ Telephone No: _____ Fax No: _____

- Permit requested for following date(s): _____
- Permit requested on annual basis - Expiration Date: _____

NOTE: Attach additional signed sheet if space is insufficient

The above named applicant hereby requests permission to conduct the following activity at the above location:

And / or for the storage, occupancy, use, sale, handling or manufacturing of the following:

State quantities and method for each category to be stored or used:

I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed, and, if not, this permit may be revoked and I will be subject to penalties as provided by law.

Applicant's Signature Title Date

See reverse side for information concerning your administrative appeal rights if this application is denied.

Make check payable to "Treasurer, State of New Jersey" and mail to
Department of Community Affairs, Division of Fire Safety, PO Box 809, Trenton, New Jersey 08625-0809

Permit type: _____ Conditions imposed Denied Approved pending payment of \$ _____ Permit fee

FOR OFFICIAL USE ONLY

P-201 Revised 8/03 Inspector: _____

DEPARTMENT OF COMMUNITY AFFAIRS
 DIVISION OF FIRE SAFETY
 PO BOX 809
 TRENTON, NEW JERSEY 08625-0809
 (609)-633-6132
 (609)-633-6330 (Fax)

APPLICATION
 FOR
 PERMIT



LOCATION INFORMATION

MUNICIPAL CODE: 1002 - 925 REGISTRATION #: 1002-58272

Name: _____ Street Address: _____

Municipality: _____ County: _____

State: _____ Zip Code: _____ Telephone No: _____ Fax No: _____

APPLICANT INFORMATION

Applicant's Name: _____ Applicant's Home Street Address: _____

Municipality: _____ County: _____

State: _____ Zip Code: _____ Telephone No: _____ Fax No: _____

Permit requested for following date(s): _____

Permit requested on annual basis - Expiration Date: _____

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FOR OFFICIAL USE ONLY

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