

# Building Use Permit 2009

**P.O. Box B 630 Route 9 Bayville, NJ 08721  
Berkeley Township Parks, Beaches & Recreation**

Date: \_\_\_\_\_ Recreation Center \_\_\_\_\_ Nature Study \_\_\_\_\_

**Guidelines:**

1. Request Forms must be received a minimum of 10 days prior to desired date.
2. Groups using the Recreation Building Must be a Berkeley Resident.
3. Hours available are 8:30am to 4:00pm & 6:00pm to 10:00pm.
4. A Minimum of 10 people is needed to book the Recreation Center.
5. Please keep the building Clean, every group is responsible for their own Clean Up!
6. Supervision of individuals participating in your meetings, and or activities is your Responsibility.
7. No Alcoholic Beverages Permitted.
8. No Smoking Permitted.
9. Building Use Permit must be submitted prior to approval.
10. Notification of Cancellation must be at least 1 week prior to meeting.
11. The Recreation Building will be closed on All Township Holidays.
12. Groups must bring their own supplies such as pens, tape dispensers, scissors etc.

Name of Group: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Group Size: \_\_\_\_\_

Name of 2<sup>nd</sup> in Charge: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone # or work # \_\_\_\_\_

Dates Desired: \_\_\_\_\_ Time Desired: \_\_\_\_\_

(Please list all dates that will be needed)

Applicants Signature: \_\_\_\_\_ Phone#: \_\_\_\_\_

Insurance: Homeowners: \_\_\_\_\_ Certificate: \_\_\_\_\_

Date Received Application: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL OF THE INFORMATION ABOVE MUST BE FILLED OUT  
IN ORDER TO BE APPROVED**