

# TOWNSHIP OF RIDLEY

100 E MacDade Blvd., Folsom, PA 19033  
610-534-4800 | Fax: 610-534-2545

## Application for Hot or Cold Air Balloon Permit

---

Date of application: \_\_\_\_\_.

Type of balloon:  Hot Air  Cold Air

The Applicant must use a separate application form for each balloon. A separate permit will be issued for each balloon.

Address location of balloon: \_\_\_\_\_

Business name at above address: \_\_\_\_\_

Owner of balloon: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Written consent of the owner of the lot on which such balloon is to be erected:

Signature of lot owner: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of the balloon: \_\_\_\_\_

Time period of use of the balloon: \_\_\_\_\_

Height of balloon: \_\_\_\_\_ Width of balloon: \_\_\_\_\_

Signature of applicant for balloon permit: \_\_\_\_\_

Print applicant's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

**DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY**

Permit Number: \_\_\_\_\_, Permit fee: \$ \_\_\_\_\_, Receipt Number: \_\_\_\_\_