

BLOCK PARTY APPLICATION

DATE OF EVENT:

RAIN DATE:

STREET TO BE CLOSED:

FROM _____ ST/AVE

TO _____ ST/AVE

PLEASE READ THE FOLLOWING BEFORE SUBMITTING YOUR APPLICATION

- Applicant **MUST** reside on the block being closed
- If this event blocks any intersections, a separate petition and application must be submitted for each affected cross street.
- Each block party application must have a petition signed by 80% of the residents of the area included.
- All permits will be valid until **9 P.M.**
- No alcohol, games or cooking equipment may be placed in the roadway
- Access must be provided for emergency vehicles
- Additional conditions or restriction may be imposed by the township

COMPLETE THE FOLLOWING

APPLICANT'S NAME _____

TELEPHONE NUMBER _____

APPLICANT'S ADDRESS _____

SPONSORING ORGANIZATION (if any) _____

TELEPHONE NUMBER _____

TYPE OF EVENT _____ TIME _____ AM/PM TO 9PM

NUMBER O PEOPLE ATTENDING _____

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties as prescribed by law.

Signature: _____ Date: _____

BLOCK PARTY PETITION

- Signatures and addresses must be provided for all petitioners
- One adult signature per household from 80% of residents living on the block is required for approval.

NUMBER OF HOUSES ON BLOCK _____ NUMBER OF VACANT HOUSES _____

NUMBER OF SIGNATURE _____

PLEASE PRINT AND SIGN LEGIBLY WHEN COMPLETING INFORMATION BELOW:

BY SIGNING BELOW, WE AGREE TO BE RESPONSIBLE FOR ALL PERSONAL INJURIES AND PROPERTY DAMAGE

NAME _____ **ADDRESS** _____ **SIGNATURE** _____

PRINT NAME AND ADDRESS

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

NAME

ADDRESS

SIGNATURE

PRINT NAME AND ADDRESS

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NAME

ADDRESS

SIGNATURE

PRINT NAME AND ADDRESS

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