

BLOCK PARTY PERMIT REQUEST FORM

****MINIMUM OF 2 WEEKS TO RECEIVE APPROVAL ON BLOCK PERMITS****

CONTACT PERSON:		
LAST	FIRST	
ADDRESS OF CONTACT PERSON:		
EMAIL OF CONTACT PERSON:		
CONTACT PHONE # ()		
ALTERNATE PHONE # ()		
LOCATION OF BLOCK PARTY: (INCLUDE SPECIFIC STREET ADDRESSES OF STREET CLOSURE/PARTY)		
DATE OF BLOCK PARTY:		
TIME OF BLOCK PARTY: START TIME	END TIME	
REQUEST A NOISE PERMIT: YES NO		
LIVE BAND / DJ / AMPLIFIED NOISE: YES NO	START TIME END TIME	
TO OBTAIN A BLOCK PARTY PERMIT YOU MUST OBTAIN THE SIGNATURES OF ALL OF THE FOLLOWING:		
 All residents who live directly in front, adjacent, and behind where the party will be held. The signatures of any potentially impacted residents due to noise and/or closure of the roadway. This includes residences down the street, adjacent, and behind the location. If a residence is vacant, please indicate that information below. 		
IN ADDITION TO OBTAINING SIGNATURES, YOU MUST INCLUDE A MAP OF THE AREA SHOWING THE RESIDENCES THAT COULD BE IMPACTED. This map should be from an overhead view and indicate each home that you have obtained a signature. If a home is vacant, indicate that on the map. Failure to include the map will result in the permit request being returned without approval. The map can be drawn by hand or printed from a website.		
HAVE YOU ATTACHED YOUR MAP INDICATING WHERE OBTAINED? YES NO	SIGNATURES WERE	
HAVE YOU COMPLETED THE SIGNAURE FORMS BELOW	?? YES NO	
ADDRESS:SIGNA	ATURE:	
INDIVID I KINTEDSIGNA	11 UNL	

ADDRESS:		
NAME PRINTED:	SIGNATURE:	
1. D.D.D.G.G		
ADDRESS:	CICNATURE	
NAME PRINTED:	SIGNATURE:	
ADDRESS:		
NAME PRINTED:	SIGNATURE:	
ADDDEGG		
ADDRESS:	CLCN A TRUDE	
NAME PRINTED:	SIGNATURE:	
ADDRESS:		
NAME PRINTED:	SIGNATURE:	
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NAME PRINTED:	SIGNATURE:	
ADDRESS:		
NAME PRINTED:	SIGNATURE:	
ADDDECC.		
ADDRESS:	SIGNATURE:	
TVINIE I KIIVIED.	SIGIVITORE.	
ADDRESS:		
NAME PRINTED:	SIGNATURE:	
ADDRESS:		
NAME DRINTED:	SIGNATURE:	
TVANIL I KIIVILD.	SIGIVATORE.	
ADDRESS:		
NAME PRINTED:	SIGNATURE:	
ADDRECC.		
ADDRESS:	SIGNATURE:	
NAME FRINTED.	SIGNATURE.	
ADDRESS:		
NAME PRINTED:	SIGNATURE:	
ADDDECC.		
ADDRESS:	SIGNATURE:	
MANUE I KINTED.	SIONATURE.	
ADDRESS:		
NAME PRINTED:	SIGNATURE:	

Attach additional pages if necessary.

MAP:

(This can be drawn by hand or printed from a website showing the location from overhead and indicating where the party will be held and which signatures have been obtained for this event.)