YOUR OFFICE NAME

BLOCK PARTY PERMIT APPLICATION

Close a residential street for a neighborhood block party.

Attach the neighbor sign-off sheet. Emergency vehicle access must be kept open at all times.

ORGANIZER

Full name *

Mailing address *

Phone *

Email *

PARTY

Street to close *

From (cross street) / to (cross street) *

Date *

Rain date

Hours of the closure *

Do you need the town to provide barricades? *

☐ Yes ☐ No

Will there be grills, bounce houses or amplified music?

☐ Grills ☐ Bounce house ☐ Amplified music ☐ None

Signed neighbor consent sheet *

Attach to this form.

CERTIFICATION

☐ I agree to keep a lane open for emergency vehicles and to clean the street afterward. *

Signature *

Date *