

Applicant Information:

Name of Applicant	Phone Number	E-mail
Address of Applicant	Street Address	Town

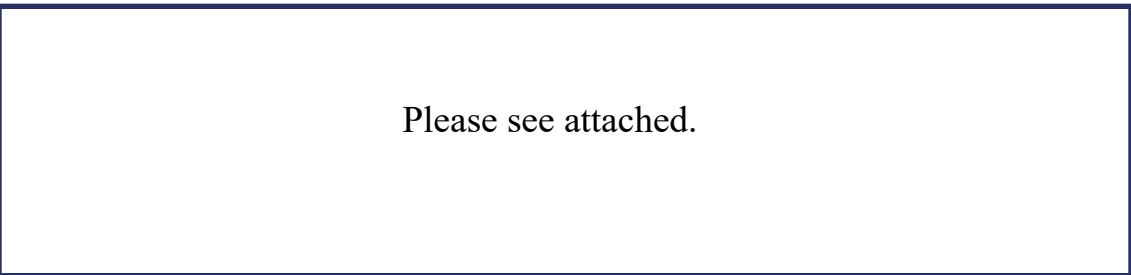
Party Information

Type of Party	Date of Party	Rain Date	Hour Party Starts	Hour Party Ends Not Past 10:00 PM
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Description of Party
(Activities, # of People Age Range, Entertainment)

Streets and intersections to be closed
Be specific

Please Draw a Diagram of the Streets to Be Closed
(May be provided an separate sheet of paper)



Adults responsible for the Party
Must reside on the block
Must have at least 3

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby agree to comply with all the rules and regulations set forth by the Federal, State and Local Government.

- The street must be closed to vehicular traffic from its intersection with your adjoining intersecting truths. This includes resident vehicles and all other vehicles. Signs must be posted at each intersection stating the roadway is closed to those other than residents of the street.
- It is the responsibility of the applicant to make provisions for the road blocking and ensuring there is access for residents to enter and depart as desired. **Cars are not to be used to block streets;** portable devices such as cones, garbage pails, etc. are acceptable.
- There must be a twelve (12) foot clearance maintained on each side of a fire hydrant.
- There must be an approved traffic lane available at all times for emergency vehicles.
- No grills, or food tables are to be in placed in the street.
- No alcoholic beverages are to be consumed on the public thoroughfare.
- The party must end and the streets cleared completely of people, paraphernalia and debris by 10:00PM and re-opened to traffic.
- All block parties are subject to the Township Ordinances, Title 39 and other applicable regulations. Failure to properly adhere to regulations may result in a summons for violation.
- Granting Permission by the Township to hold said event is in no way an acceptance of liability on the part of the Township for any injuries or damage to persons or property that might occur as a result of the block party and the sponsors of the party must assume full responsibility for same.

Signature of Applicant	Printed Name of Applicant	Date
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For Office Use Only:

Police Chief	<input type="checkbox"/> Approve	<input type="checkbox"/> Reject	_____	_____	_____
			Signature	Printed Name	Date
DPW	<input type="checkbox"/> Approve	<input type="checkbox"/> Reject	_____	_____	_____
			Signature	Printed Name	Date
Fire Official	<input type="checkbox"/> Approve	<input type="checkbox"/> Reject	_____	_____	_____
			Signature	Printed Name	Date