

BLOCK PARTY APPLICATION

CITY OF PHILADELPHIA

STREETS DEPARTMENT

HIGHWAY DIVISION • RIGHT-OF-WAY UNIT

940 MUNICIPAL SERVICES BUILDING

1401 JOHN F. KENNEDY BOULEVARD

PHILADELPHIA, PA 19102-1676 • (215) 686-5500

HUNDRED BLOCK(S) AND STREET TO BE CLOSED			FROM (STREET)		TO (STREET)		
DATE OF EVENT	IF REQUESTING MULTIPLE DATES,	DATE OF EVENT	DATE OF EVENT	DATE OF E	VENT	DATE OF EVENT	
RAIN DATE	PLEASE USE FOLLOWING SPACES	RAIN DATE	RAIN DATE	RAIN DATE		RAIN DATE	

PLEASE READ THE FOLLOWING BEFORE SUBMITTING YOUR APPLICATION:

- THIS APPLICATION MUST BE ACCOMPANIED BY A CHECK OR MONEY ORDER (NON-REFUNDABLE) PAYABLE TO THE "CITY OF PHILADELPHIA" IN THE AMOUNT OF \$10.00 PER BLOCK PER DAY. NO CASH WILL BE ACCEPTED.
- APPLICANT MUST RESIDE ON BLOCK BEING CLOSED.
- IF EVENT BLOCKS AN INTERSECTING "T" STREET SUBMIT A SEPARATE APPLICATION AND PETITION FOR EACH AFFECTED STREET.
- BLOCK PARTY APPLICATION MUST HAVE A PETITION SIGNED BY 75% OF RESIDENTS ON THE BLOCK (SEE OTHER SIDE), AND / OR 75% OF THE RESIDENTS OF AN APARTMENT COMPLEX.
- BIRTHDAYS, WEDDINGS, AND SERENADES MUST HAVE A PETITION SIGNED BY 100% OF RESIDENTS ON THE BLOCK (SEE OTHER SIDE).
- APPLICATIONS WILL BE RETURNED IF NOT COMPLETE OR IF RECEIVED LATER THAN TWENTY-ONE (21) DAYS BEFORE
 THE EVENT.
- PHOTOCOPIES OF APPLICATION OR PETITION WILL NOT BE ACCEPTED.
- IF STREET BEING CLOSED HAS NO RESIDENTS, A COPY OF AN INSURANCE CERTIFICATE MUST BE SUBMITTED WITH APPLICATION.
- ALL PERMITS WILL BE VALID FROM 8:00 A.M. TO 8:30 P.M.

ANSW	ER	THE FOLLOWING O	QUESTIONS,	PLEASE P	RINT
APPLICANT'S NAME					DAYTIME TELEPHONE NUMBER
APPLICANT'S ADDRESS					ZIP CODE
SPONSORING ORGANIZATION (IF ANY)		ADDRESS			DAYTIME TELEPHONE NUMBER
TIME OF EVENT(S) A.M.	A.M.	TYPE OF EVENT		WILL A RELIGIOUS	S EVENT BE CONDUCTED ON STREET?
P.M.	P.M.			YES	S 🔲 NO
DOES A BUS OR TROLLEY TRAVEL ON	THE ST	REET TO BE CLOSED?	POLICE DISTRICT		NUMBER OF PEOPLE ATTENDING
YES	□ №	1			
	THE	APPLICANT DOES NOT CO	MPLY WITH ALL	PERTINENT LAW	TO CLOSETHE STREET. IT IS VS, RULES AND REGULATIONS
I hereby certify that the staten if I knowingly make any false s					ge and belief. I understand that I by law or ordinance.
APPLICANT'S SIGNATURE:	This fo	rm will be returned if not signed by a	nnlicant		Date
	1111310	FOR OFFICE	<u>''</u>		Date
☐ APPROVAL	DI	ENIAL			

SIGNATURES AND ADDRESSES OF ALL PETITIONERS

ONE ADULT SIGNATURE PER HOUSEHOLD FROM 75%* OF RESIDENTS LIVING ON THE BLOCK IS REQUIRED FOR APPROVAL USE ADDITIONAL SHEETS IF NECESSARY

PLEASE REVIEW DATES ON FRONT OF APPLICATION BEFORE

SIGNING THE PETITION.

NUMBER OF HOUSES ON BLOCK	NUMBER OF VACANT HOUSES ON BLOCK		NUMBER OF SIGNATURES		
NAME	ADDRESS		NAME	ADDRESS	
1.		28.			
2.		29.			
3.		30.			
4.		31.			
5.		32.			
6.		33.			
7.		34.			
8.		35.			
9.		36.			
0.		37.			
1.		38.			
2.		39.			
3.		40.			
4.		41.			
5.		42.			
6.		43.			
7.		44.			
8.		45.			
9.		46.			
0.		47.			
11.		48.			
2.		49.			
3.		50.			
4.		51.			
5.		52.			
6.		53.			
27.		54.			

*100% SIGNATURES FOR WEDDINGS, BIRTHDAYS, SERENADES