LIVERMORE
CALIFORNIA

STREET CLOSURE FOR BLOCK PARTY APPLICATION

Please print or type the following information:

Applicant's Name:_____

Applicant's Address:_____

Applicant's Phone No:_____

Date(s) of Block Party: _____ Type of Party:_____-

Street(s) to be Closed: From (Street Address) Anticipated attendance:_____

To (Street Address)

Time when closure will be in effect (*See Special Condition #1*):

From: _____(am/pm) To: _____(am/pm)

I certify that all Special Conditions will be strictly adhered to:

_____
Applicant's Signature

-FOR OFFICE USE ONLY-

Reviewed and approved by:

_____ _____
Police Department Representative Fire Department Representative

Please obtain the signatures of all residents or business owners within the closed area:

We, the undersigned, hereby agree to the temporary street closure for a block party proposed by the applicant. (*Each affected resident or business owner must sign before the permit can be issued*).

Printed Name	Signature	Address
Printed Name	Signature	Address

City Hall
Community Development Department
1052 South Livermore Avenue
Livermore, CA 94550
phone: (925) 960-4500
fax: (925) 960-4505
TDD: (925) 960-4104
www.ci.livermore.ca.us

Updated March 2011

Printed Name	Signature	Address
Printed Name	Signature	Address
Printed Name	Signature	Address
Printed Name	Signature	Address
Printed Name	Signature	Address
Printed Name	Signature	Address
Printed Name	Signature	Address
Printed Name	Signature	Address

(*If more spaces are required, please photocopy this page*)

Below is a space provided for your drawing. Please show the following items:

1) Map of the street 2) Street address 3) Barricade locations 4) Sign locations

(*See sample on brochure*)