



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

Printed Name	Signature	Address
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(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)

