

**TOWN OF GRAND ISLAND - TOWN CODE §117
APPLICATION FOR BLOCK PARTY & STREET CLOSING PERMIT**

Application must be submitted to Town Clerk not less than 20 days before the date of block party. Any changes to the information provided must be updated as circumstances change.

Date Submitted: _____

Applicant: _____
(Person or organization seeking to obtain a Block Party & Street Closing Permit)

Name: _____ Daytime Telephone: _____

Email: _____

Address: _____

Date of Block Party: _____ Time Party Begins: _____ Time Party Ends: _____

Alternative (rain) date: _____ Reason for Party: _____

Two 24 Hour Emergency Contact Individuals

Name: (1) _____ Day & Evening Telephone: _____

Email: _____

Address: _____

Name: (2) _____ Day & Evening Telephone: _____

Email: _____

Address: _____

Organization on whose behalf permit is requested (if any):

Name: _____ Daytime Telephone: _____

Email: _____

Address: _____

Location of Party: _____

Name and area of street to be closed off: _____

Sketch a diagram including house numbers, side streets, various intersections, whether any of the intersections are controlled by traffic lights and nearest fire department and ambulance bay, intersection where barrier is to be placed: (Attach separate sheet of paper if necessary)

Number of barricades needed: _____

Estimated number of participants: _____

Name of person in charge of clean up (if different from applicant listed above):

Name: _____ Daytime Telephone: _____

Email: _____

Address: _____

Sponsor Affidavit

I, _____, specifically agree to be responsible for any unusual costs caused by subject block party, per Town Code §117-3D. I have read Town Code §117* and agree to abide by its terms. I am also responsible for and must notify all abutting residents within 10 days before commencement of party.

APPLICANT'S SIGNATURE

DATE OF APPLICATION

*Town Code §117 can be found by going to the Town's Website: gigov.com then clicking on the eCode 360 link.

For Office Use Only

Town Board Meeting: _____

Town Board Approved: _____

Permit by Resolution Issued: _____

Copied to: _____

- Applicant
- Highway
- Parks
- Zoning Officer
- Town Police Office
- Sheriff's Office
- State Trooper's Office

***Notify Fire Dispatch:**

Fax: 773-5156

e-mail: d1@grandislandfire.us
chief@grandislandfire.us