



**CITY OF PAPILLION
BLOCK PARTY / STREET CLOSURE APPLICATION**

Date of Application

APPLICANT INFORMATION <i>(Primary Contact Person)</i>			
Name	<input type="text"/>	E-Mail	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>

BLOCK PARTY / STREET CLOSURE INFORMATION					
Date	<input type="text"/>	Start Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	End Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Street To Be Closed		<input type="text"/>			
Street Closed From (Intersection or Address)		<input type="text"/>			
Street Closed To (Intersection or Address)		<input type="text"/>			
Reason for Block Party / Street Closure		<input type="text"/>			
Will There Be Music?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Describe (e.g. band, DJ, stereo, etc.)		<input type="text"/>	
<small>*City Code Chapter 137 outlines noise restrictions. These restrictions will normally not be waived in residential areas. Refer to Chapter 137 for more information.</small>					
No. of Cones Needed	<input type="text"/>	Deposit Amount	\$ <input type="text"/>	Date Received	<input type="text"/>
Would you like the District Police Officer to stop by (call permitting) to meet you during your event?					<input type="checkbox"/> Yes <input type="checkbox"/> No

I, the undersigned applicant, have read and understand this application, and I have completed and attached all required forms.

Signature	<input type="text"/>	Date	<input type="text"/>
Please return completed application to:			
Papillion Public Works Department, 9909 Portal Road, Papillion, NE 68046			
Phone: 402-597-2043 Fax: 402-827-3280			

FOR OFFICE USE ONLY			
		Closure Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jeff Thompson, Director of Public Works/City Engineer	Date		
(Or Designated Representative)			
		Closure Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Noise Waiver:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scott A. Lyons, Chief of Police	Date		
(Or Designated Representative)			
		Notification Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bill Bowes, Fire Chief	Date		
(Or Designated Representative)			
Remarks:			
<input type="text"/>			

BLOCK PARTY / STREET CLOSURE RESIDENT APPROVAL PETITION

(All residents to be affected by the requested street closure must be notified and must approve of the closure by signing below.)

Street Address	Printed Name	Signature	Approve?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Certification: I hereby certify that all residents to be affected by this requested street closure have been notified and have approved this closure by affixing their signatures above.

Applicant Signature

Date