



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

Date of Application

APPLICANT INFORMATION *(Primary Contact Person)*

Name	<input type="text"/>	E-Mail	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>

BLOCK PARTY / STREET CLOSURE INFORMATION

Date(s) of Closure	<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"/>

*City Code Chapter 137 outlines noise restrictions. These restrictions will not normally be waived in residential areas. Refer to Chapter 137 for more information.

No. of Cones Needed	Deposit Amount \$	Date Received	Check No.
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Would you like the District Police Officer to stop by (call permitting) to meet you during your event? Yes No

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

Signature	Date
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**Please return completed application NO LATER than 3 business days before requested closure date to:
Papillion Public Works Department, 9909 Portal Road, Papillion, NE 68046
Phone: 402-597-2043 | Fax: 402-827-3280**

FOR OFFICE USE ONLY

<input type="text"/>	Closure Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Michael Kleffner, P.E., Public Works Director	Date	
<input type="text"/>	Closure Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chris Whitted, Chief of Police	Date	Noise Waiver: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	Notification Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bill Bowes, Fire Chief	Date	
<input type="text"/>	Notification Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tracy Stratman, Recreation Director	Date	

Remarks:

