

**Upper Providence Township**

**Delaware County**

**BLOCK PARTY APPLICATION**

Street to be closed: \_\_\_\_\_

Block location to be closed: \_\_\_\_\_

Date of event: \_\_\_\_\_

Rain date: \_\_\_\_\_

Time of event: \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

**PLEASE READ THE FOLLOWING BEFORE SUBMITTING YOUR APPLICATION**

- APPLICANT MUST RESIDE ON THE BLOCK BEING CLOSED.
- THE TOWNSHIP ASSUMES NO LIABILITY FOR THE STREET CLOSURE.
- APPLICANT SHALL INDEMNIFY AND HOLD TOWNSHIP HARMLESS FROM ANY LIABILITY FOR INJURY TO PERSONS AND/OR DAMAGE TO PROPERTY, WHETHER TOWNSHIP OR PRIVATE PROPERTY.
- BLOCK PARTY APPLICATION MUST INCLUDE THE BLOCK PARTY INFORMATION & OPINION RESPONSE FORM AND MUST BE FROM A MINIMUM OF 90% OF THE RESIDENTS.
- APPLICATIONS WILL BE RETURNED IF NOT COMPLETE OR IF RECEIVED LATER THAN 30 DAYS BEFORE THE EVENT.
- SHOULD THERE BE ANY GAMES, (MOON BOUNCE, ETC.) A CERTIFICATE OF INSURANCE FROM THE VENDOR DESIGNATING THE TOWNSHIP OF UPPER PROVIDENCE AS AN ADDITIONAL INSURED MUST BE PROVIDED BEFORE PERMISSION FOR THESE GAMES WILL BE GRANTED. NOTHING CAN BE PLACED IN THE STREET.
- END OF EVENT IS 10:00 P.M. – NO EXCEPTIONS

***I hereby certify that the statements contained herein are true to the best of my knowledge and belief and that I/we will adhere to the Block Party requirements of Upper Providence Township, Delaware County.***

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved by \_\_\_\_\_ Date: \_\_\_\_\_

## Upper Providence Township

Delaware County, Pennsylvania

935 N. Providence Road

Media, Pennsylvania 19063

Phone: 610-565-4944

Fax: 610-565-8924

1. The Application Form, along with the Block Party Information & Opinion Response Forms, signed by at least ninety (90) percent of the households of the block represented must be forwarded to the Upper Providence Township Administration Office at least thirty (30) days prior to the scheduled day of the party.
2. Time permitted for **street closure** is **10:00 A.M. to 8:00 P.M.** on the day of the party. At all times the street must be accessible to emergency vehicles.
3. The Application Form must name an individual or individuals to be contacted in the event any problems occur concerning the time the street is closed.
4. The Township assumes no liability for the street closure and the event is for the residents of the particular street and their invited guests only.
5. State Highways may not be closed. Vehicles of any type may not be used to block off any street. Wooden barricades will be provided prior to the event for this purpose.
6. All trash must be cleared from the street at the conclusion of the event.
7. All fire hydrants are to be accessible at all times.
8. The laws of the State of Pennsylvania and the ordinances of Upper Providence Township concerning excessive noise, alcoholic beverage consumption, disorderly conduct, etc. must be adhered to at all times. Fireworks are not permitted at any time.
9. If while the street is closed it is determined that underage drinking was allowed or if the police are called to the street and file a disturbance report, future permits may not be allowed.
10. If and when complaints are received regarding the street closure, the Police Department will act accordingly.
11. The Township will permit the closure of any street only once during the calendar year.

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## **Block Party Information & Opinion Response Form**

**IMPORTANT:** BLOCK PARTY SPONSOR SHOULD COMPLETE THE SHADED AREAS PRIOR TO DISTRIBUTION. THE SPONSOR SHOULD DISTRIBUTE THIS FORM (OR PHOTOCOPIES) TO ALL RESIDENCES OF THE BLOCK (S) REFERENCED BELOW.

**SPONSOR - ALL FORMS MUST BE SUBMITTED TO THE TOWNSHIP ADMINISTRATION OFFICE 30 DAYS PRIOR TO THE BLOCK PARTY DATE FOR APPROVAL.**

<b>SPONSOR/EVENT INFORMATION:</b>	Phone # _____
Sponsor's Name _____	Address _____
Date of Proposed Block Party _____	Start time _____ End time _____
Rain-date (if applicable) _____	Start time _____ End time _____
Streets to be affected _____	between _____ and _____

Dear Resident:

The above named sponsor has proposed a block party as described above. Prior to considering the request for approval of the block party and for the closing of affected Township streets, Township Council desires input from those persons who would likely be most affected by such an event, the residents of the block(s) in question. Please take a few moments to complete this form. If you have any additional comments, suggestions, or questions, please provide them on the back of this form. **The completed form must be returned to the sponsor or to Township Administration Office.**

Sincerely,

*Upper Providence Township Council*

<b>RESIDENT INFORMATION:</b>
Name _____ Address _____
Check one: <input type="checkbox"/> I <b>SUPPORT</b> the proposed block party.
<input type="checkbox"/> I <b>OPPOSE</b> the proposed block party.
<input type="checkbox"/> I have <b>NO OPINION</b> with regard to the proposed block party.
If approved, would it be likely that you would participate in the block party?
Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Signature _____ Date _____

**PLEASE RETURN COMPLETED FORM BY \_\_\_\_\_.**  
(Date)