



PAPILLION RECREATION

# CITY OF PAPILLION 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.
---------------------	-------------------	---------------	-----------

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
-----------	------

**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
Robb Gottsch, Fire Chief	Date	
<input type="text"/>	Notification Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tracy Stratman, Recreation Director	Date	

Remarks:

**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.)*

<b>Street Address</b>	<b>Printed Name</b>	<b>Signature</b>	<b>Approve?</b>
			<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
			<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