



City of Santa Rosa BLOCK PARTY PERMIT APPLICATION

Return To: Planning and Economic Development Department
100 Santa Rosa Ave., Room 3
Santa Rosa, CA 95404
Attn: Carissa Green

speventpermit@srcity.org
Phone: (707) 543-3964
Fax: (707) 543-3288

APPLICANT INFORMATION

Applicant Name _____

Address Street _____

City _____ State _____ Zip _____

Telephone Main _____ Cell _____ Email _____

BLOCK PARTY INFORMATION

Date of Block Party: _____

Block Party Description: _____
What type of activities are you planning for your Block Party?

Estimated number of people you expect to attend: _____

Block Parties are intended for residents and neighbors.

Start Time: _____ **End Time:** _____

Name of Street to be closed: _____

From (cross street) _____ **To (cross street)** _____

A street may not be closed for a Block Party if the speed limit is greater than 25 mph, it has more than two lanes, is an arterial or collector street, or there is a bus stop within the closure area.

Describe where on the block the activities will occur:

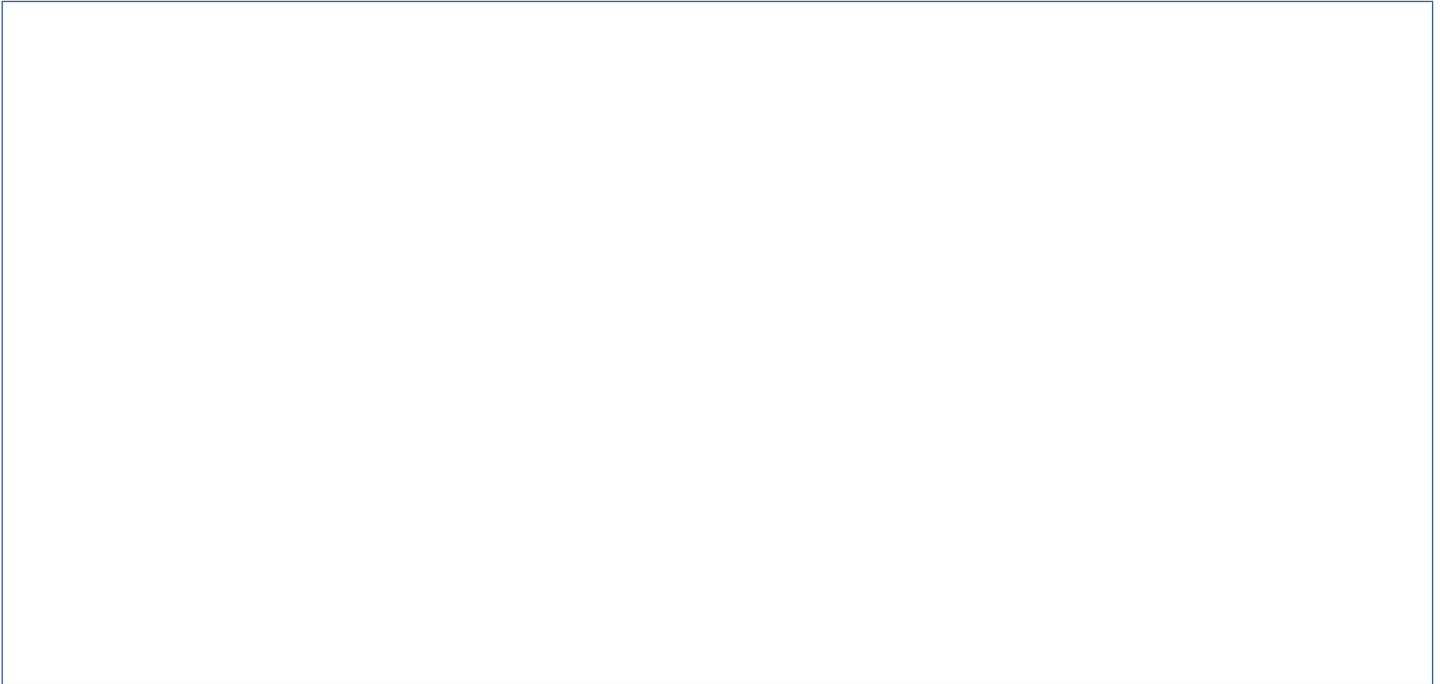
Name of "on site" contact day of event: _____ **Cell:** _____

Will your Block Party have amplified sound? Yes No

If yes, an Amplified Sound Permit will be required.

Please draw a diagram of the proposed street closure, including the location of barricades:

Only readily removable barricades may be used for street closures, and a 20-foot lane of clearance is required for emergency vehicle access at all times. For neighborhood Block Parties, up to four barricades may be provided by the City, free of charge. It is the permittee's responsibility to request, pick up and return the City barricades.



AGREEMENT AND SIGNATURE

I, the Applicant, confirm that the information contained in this application is complete and accurate. I understand that this is only an application and not a guarantee that a permit will be issued.

I agree to assume the defense of and indemnify and save harmless the City, its officers, agents, employees and volunteers, from all suits, actions, damages or claims to which the City may be subjected of any kind or nature whatsoever resulting from, caused by, arising out of or as a consequence of such temporary street closure and the activities permitted in connection therewith. This shall be a continuing release and shall remain in effect until revoked in writing.

Name (printed) _____

Signature _____ **Date** _____

Please submit this form along with a non-refundable Block Party Permit Application fee of \$25 to:

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Questions? Please call (707) 543-3964 or email speventpermit@srcity.org