



BLOCK PARTY APPLICATION

SUBMITTAL DATE _____ RECEIVED BY _____

DATE OF EVENT _____ TO _____
(TIME)

EVENT ADDRESS: _____

APPLICANT INFORMATION:

NAME _____

ADDRESS _____

TELEPHONE _____

PROVIDE A DRAWING SHOWING WHERE THE BLOCKADES WILL BE PLACED.

IF USING TABLES, TENTS OR STRUCTURES, SHOW ON THE DRAWING WHERE THEY WILL BE PLACED.

IF BARRICADES ARE NEEDED PLEASE CONTACT STREETS DEPT AT 972-237-8558

FIRE ADMINISTRATION: DATE _____

APPROVED [] DENIED [] BY: _____

COMMENTS: _____

POLICE DEPARTMENT: DATE _____

APPROVED [] DENIED [] BY: _____

COMMENTS: _____

TRANSPORTATION: DATE _____

APPROVED [] DENIED [] BY: _____

COMMENTS: _____

NOTE: BARRICADES MUST BE SOFT CONES OR TAPE. NO HARD BARRICADES WILL BE ALLOWED.. STREET MUST REMAIN CLEAR OF OBSTRUCTIONS (SUCH AS TENTS, TABLE)

A COPY OF THIS CERTIFICATE WILL BE SENT TO CODE ENFORCEMENT