



## CITY OF PAPILLION BLOCK PARTY / STREET CLOSURE APPLICATION

Date of Application

### APPLICANT INFORMATION *(Primary Contact Person)*

Name		E-Mail	
Address		Telephone	

### BLOCK PARTY / STREET CLOSURE INFORMATION

Date(s) of Closure		Start Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	End Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Street To Be Closed					
Street Closed From (Intersection or Address)					
Street Closed To (Intersection or Address)					
Reason for Block Party / Street Closure					
Will There Be Music?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Describe (e.g. band, DJ, stereo, etc.)			

\*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

	Closure Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Michael Kleffner, P.E., Public Works Director (Or Designated Representative) <span style="float: right;">Date</span>	Closure Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Noise Waiver: <input type="checkbox"/> Yes <input type="checkbox"/> No
Scott A. Lyons, Chief of Police (Or Designated Representative) <span style="float: right;">Date</span>	
Bill Bowes, Fire Chief (Or Designated Representative) <span style="float: right;">Date</span>	Notification Received: <input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:

