





## CITY OF PAPILLION BLOCK PARTY / STREET CLOSURE APPLICATION

	Date of Application										
APPLICANT INF	ORM	ATION (Primary	Contact Pers	on)							
Name						E-Mail					
Address						Telephone					
BLOCK PARTY / STREET CLOSURE INFORMATION											
Date(s) of Closure			Start <sup>-</sup>		ime	AM PI	M End Time			АМ 🗌 РМ	
Street To Be Closed			·								
Street Closed F	rom (I	ntersection or	Address)								
Street Closed T	o (Inte	ersection or Ac	ddress)								
Reason for Block Party / Street Closure											
Will There Be Music?* Yes No					If Yes, Please Describe (e.g. band, DJ, stereo, etc.)						
*City Code Chapter	137 out	ines noise restriction	ons. These res	trictions v	will not normally be w	aived in residenti	al areas. Refer to C	hapter 137	for more i	information.	
No. of Cones Needed Deposit Ar			mount	ount \$ Date Received			Ch	Check No.			
Would you like	the D	strict Police O	officer to st	op by (	call permitting)	to meet you	during your e	vent?	Yes	☐ No	
I, the undersigned applicant, have read and understand this application, and I have completed and attached all required forms.											
Signature					Date						
Pleas	se retu	rn completed	application	ess days befo	ss days before requested closure date to:						
Papillion Public Works Department, 9909 Portal Road, Papillion, NE 68046  Phone: 402-597-2043   Fax: 402-827-3280											
				FOF	R OFFICE USE ON	NLY					
						Closure A	pproved:		] Yes	☐ No	
Michael Kleffner, P.E., Public Works Director (Or Designated Representative)					Date						
						Closure A Noise Wa			Yes Yes	☐ No ☐ No	
Scott A. Lyons, Chief of Police (Or Designated Representative)					Date					<del>_</del>	
		•				Notificati	on Received:		] Yes	☐ No	
Bill Bowes, Fire Chief (Or Designated Representative)					Date						
Remarks:		-1									

(All residents to be affected by t	PARTY / STREET CLOSURE RESIDE he requested street closure must be notified by the requested street closure must be not the r	ed and must approve of the closur	
Street Address	Printed Name	Signature	Approve?
			Yes No
			Yes No
			☐ Yes ☐ No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
Contact Certification: I hereby certify	 that all residents to be affected by th	nis requested street closure ha	
approved this closure by affixing their			

<b>Contact Certification:</b> Thereby certify that all residents to be affected by this requested street closure have been notified and have								
approved this closure by affixing their signature	ove.							
Applicant Signature	Date							
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