



Borough of Haworth

300 Haworth Avenue, Haworth, NJ 07641

Phone (201)384-4785 Fax (201)384-1206

BoroughClerk@haworthnj.org

APPLICATION FOR BLOCK PARTY PERMIT

Pursuant to Ordinance 2025-20

Applications must be submitted at least 20 business days before the event.

PERMIT NUMBER: _____ (Office Use) APPLICATION DATE: _____

EMERGENCY APPLICATION? ☐ Yes ☐ No (If Yes, Emergency Waiver Application and additional \$25 fee required)

APPLICANT INFORMATION

Applicant Name: _____

Address: _____

Phone: _____ Email: _____

Organization (if applicable): _____

BLOCK PARTY ORGANIZER (if different from applicant)

Organizer Name: _____

Phone: _____ Email: _____

BLOCK PARTY & STREET CLOSURE INFORMATION

Date of Block Party: _____

Start Time: _____ End Time: _____

Rain Date (if desired): _____

Estimated Attendance: _____

Street to be Closed: _____

Between Cross Streets: _____

ACTIVITIES AND EQUIPMENT

Planned Activities: _____

Equipment (check all that apply): ☐ Tents ☐ Inflatables ☐ Stages ☐ Vehicles

☐ Other: _____

Amplified Music/Sound? ☐ Yes ☐ No

FEES

Application Fee: \$50.00

Payment Type: ☐ Cash ☐ Check # _____ ☐ Credit Card

Amount Paid: \$ _____ Receipt #: _____

APPLICANT CERTIFICATION

I certify that all information provided is true and accurate. I agree to abide by all conditions of this permit and all applicable Borough ordinances and regulations as set forth in Ordinance 2025-20.

☐ I have completed, signed, and attached the Hold Harmless Agreement and Permit Conditions Checklist

Applicant Signature: _____ Date: _____

Printed Name: _____



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FOR OFFICE USE ONLY

Application Received: _____ Date: _____

Forwarded to Departments Date: _____

DEPARTMENTAL APPROVALS

DEPARTMENT OF PUBLIC WORKS ☐ Approved ☐ Approved with Conditions ☐ Denied

Superintendent/Designee: _____ Date: _____

Comments: _____

POLICE DEPARTMENT ☐ Approved ☐ Approved with Conditions ☐ Denied

Chief/Designee: _____ Date: _____

Off-Duty Officers Required? ☐ Yes (Quantity: _____) ☐ No

Comments: _____

FIRE DEPARTMENT (if required) ☐ Approved ☐ Approved with Conditions ☐ Denied ☐ Not Required

Fire Chief/Designee: _____ Date: _____

Comments: _____

MAYOR AND COUNCIL ACTION

Placed on Agenda Date: _____ Resolution Number: _____

Council Action: ☐ Approved ☐ Denied Date: _____

PERMIT ISSUANCE

Permit Issued By: _____ Date: _____

Copies Forwarded To: ☐ DPW ☐ Police ☐ Fire ☐ Applicant

**** THIS PERMIT MUST BE CARRIED BY THE PERMIT HOLDER DURING THE EVENT ****



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HOLD HARMLESS AGREEMENT BLOCK PARTY PERMIT

The applicant agrees that it will defend, indemnify and hold harmless the Borough of Haworth, its officers, agents and employees from any and all liability, suits, actions, demands, damages, costs or fees on account of injuries to persons or property, including accidental death, arising out of or in connection with this permit.

Applicant Name (Print): _____

Applicant Signature: _____ Date: _____

PERMIT CONDITIONS ACKNOWLEDGMENT CHECKLIST

By signing below, I acknowledge and agree to comply with all of the following conditions pursuant to Ordinance 2025-20, Section 9-12.6:

- ☐ I am responsible for the conduct of all attendees and compliance with all Borough ordinances and regulations.
- ☐ I am responsible for any damage to Borough property that occurs during the block party.
- ☐ I will notify all residents on the affected block at least 72 hours prior to the event.
- ☐ I understand that emergency vehicles must have access to the closed street at all times and that all obstacles must be readily movable to allow emergency vehicle entry.
- ☐ I will remove all debris, equipment, trash, and garbage from the street immediately upon conclusion of the block party.
- ☐ I will comply with all applicable noise ordinances and other Borough regulations.
- ☐ I will carry the block party permit on my person during the conduct of the block party.
- ☐ I will comply with all conditions imposed by the Chief of Police, DPW Superintendent, and Fire Chief.
- ☐ I understand that if the Chief of Police determines off-duty police officers are required, I am responsible for all costs associated with required police presence.
- ☐ I understand that generally, one block party per year per block may be requested unless the Mayor and Council determine additional permits may be issued.
- ☐ I understand that this permit may be revoked by the Borough at any time if I fail to comply with permit conditions, violate any Borough ordinance, or if circumstances endanger public health, safety, or welfare.

I have read, understand, and agree to comply with all of the above conditions.

Applicant Name (Print): _____

Applicant Signature: _____ Date: _____

NOTE: This Hold Harmless Agreement and Permit Conditions Checklist must be completed and submitted with your Block Party Permit Application.



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EMERGENCY WAIVER APPLICATION BLOCK PARTY PERMIT

Pursuant to Ordinance 2025-20, Section 9-12.9

This application is for waiver of the 20 business day advance filing requirement ONLY.
Emergency waivers are granted sparingly and only in truly exceptional circumstances.
Lack of advance planning by the applicant is NOT grounds for an emergency waiver.

APPLICANT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

PROPOSED BLOCK PARTY DATE: _____

BLOCK PARTY PERMIT APPLICATION NUMBER: _____

EMERGENCY WAIVER REQUEST

1. Detailed Explanation of Extraordinary Circumstances: (Explain why this waiver is necessary and what extraordinary circumstances exist)

2. Documentation of Circumstances Beyond Applicant's Control: (Attach documentation proving the circumstances were beyond your control)

Documents Attached: ☐ Yes ☐ No

Description of attached documentation:

3. Reason Application Could Not Be Timely Filed: (Explain why you could not submit the application at least 20 business days in advance)

EMERGENCY WAIVER FEE

FEE: \$25.00 (non-refundable, in addition to the \$50.00 block party permit fee)

TOTAL FEES DUE: \$75.00

Payment of this fee does not guarantee approval of the emergency waiver request.

PAYMENT TYPE: ☐ Cash ☐ Check # _____

AMOUNT PAID: \$ _____ RECEIPT #: _____ DATE: _____



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APPLICANT CERTIFICATION

I certify that the information provided in this emergency waiver request is true and accurate. I understand that this waiver request must receive approval from the Chief of Police, DPW Superintendent, and Fire Chief before it can be considered by the Mayor or their designee. I understand that approval of this waiver does not waive any other requirements of Ordinance 2025-20, and all other application requirements, fees, and conditions remain in full effect.

Applicant Signature: _____ Date: _____

Printed Name: _____

FOR OFFICE USE ONLY

DEPARTMENTAL EXPEDITED REVIEW

EMERGENCY WAIVER REQUEST RECEIVED: _____ TIME: _____

FORWARDED TO DEPARTMENTS: _____

DEPARTMENT OF PUBLIC WORKS ☐ APPROVED ☐ DENIED

Superintendent/Designee: _____ Date: _____ Time: _____

POLICE DEPARTMENT ☐ APPROVED ☐ DENIED

Chief/Designee: _____ Date: _____ Time: _____

FIRE DEPARTMENT ☐ APPROVED ☐ DENIED ☐ NOT REQUIRED

Fire Chief/Designee: _____ Date: _____ Time: _____

MAYOR/DESIGNEE ACTION ☐ ALL DEPARTMENT APPROVALS RECEIVED

EMERGENCY WAIVER: ☐ APPROVED ☐ DENIED

Mayor/Designee Signature: _____ Date: _____ Time: _____

Printed Name/Title: _____

RETROACTIVE COUNCIL RATIFICATION

PRESENTED TO MAYOR AND COUNCIL: _____ (date of next Council meeting)

COUNCIL ACTION: ☐ RATIFIED ☐ NOT RATIFIED

RESOLUTION NUMBER: _____

If approved, this waiver allows the block party to proceed subject to all other permit requirements and conditions. The block party permit application must still be fully completed and approved by resolution of the Mayor and Council.