



BLOCK PARTY APPLICATION

Borough of Yeadon, Delaware County
600 Church Lane
Yeadon, Pennsylvania 19050

HUNDRED BLOCK(S) AND STREET TO BE CLOSED		FROM (STREET)		TO (STREET)	
DATE OF EVENT	IF REQUESTING MULTIPLE DATES, PLEASE USE FOLLOWING SPACES	DATE OF EVENT	DATE OF EVENT	DATE OF EVENT	DATE OF EVENT
RAIN DATE		RAIN DATE	RAIN DATE	RAIN DATE	RAIN DATE

PLEASE READ THE FOLLOWING BEFORE SUBMITTING YOUR APPLICATION:

- ALL PERMITS MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO THE EVENT.
- ALL PERMIT APPLICATIONS REQUIRE APPROVAL BY YEADON BOROUGH COUNCIL
Applications must be received 1 week before Council meeting (3rd Thursday of the Month). Any application not received in time will be considered at the next month's Council meeting:
- IF THE EVENT BLOCKS AN INTERSECTING "T" STREET A SEPARATE APPLICATION AND PETITION MUST BE SUBMITTED FOR EACH STREET.
- BLOCK PARTY MUST HAVE A PETITION SIGNED BY 75% OF THE RESIDENTS ON THE BLOCK AND/OR 75% OF THE RESIDENTS OF THE APARTMENT COMPLEX.
- BIRTHDAYS, WEDDINGS, MUST HAVE A PETITION SIGNED BY 100% OF RESIDENTS ON THE BLOCK.
- PHOTOCOPIES OF APPLICATION OR PETITION WILL NOT BE ACCEPTED.
- IF THE STREET BEING CLOSED HAS NO RESIDENTS, A COPY OF AN INSURANCE CERTIFICATE MUST BE SUBMITTED WITH THE APPLICATION.

ANSWER THE FOLLOWING QUESTIONS, PLEASE PRINT

APPLICANT'S NAME			DAYTIME TELEPHONE NUMBER
APPLICANT'S ADDRESS			ZIP CODE
SPONSORING ORGANIZATION (IF ANY)		ADDRESS	MOBILE TELEPHONE NUMBER
TIME OF EVENT(S) A.M. _____ P.M. _____	A.M. _____ P.M. _____	TYPE OF EVENT	WILL A RELIGIOUS EVENT BE CONDUCTED ON STREET? ☐ YES ☐ NO
DOES A BUS OR TROLLEY TRAVEL ON THE STREET TO BE CLOSED? YES ☒ NO ☐			ESTIMATED NUMBER OF PEOPLE ATTENDING

WHEN APPROVED, A BLOCK PARTY PERMIT SHALL BE ISSUED AUTHORIZING THE APPLICANT TO CLOSE THE STREET. IT IS SUBJECT TO REVOCATION IF THE APPLICANT DOES NOT COMPLY WITH ALL PERTINENT LAWS, RULES AND REGULATIONS INCLUDING ANY CONDITIONS OR RESTRICTIONS IMPOSED BY THE CITY OF PHILADELPHIA.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties that may be prescribed by law or ordinance.

APPLICANT'S SIGNATURE: _____

This form will be returned if not signed by applicant

_____ Date

SIGNATURES AND ADDRESSES OF ALL PETITIONERS
 ONE ADULT SIGNATURE PER HOUSEHOLD FROM 75%* OF RESIDENTS LIVING ON THE BLOCK IS REQUIRED FOR APPROVAL
 USE ADDITIONAL SHEETS IF NECESSARY

PLEASE REVIEW DATES ON FRONT OF APPLICATION
BEFORE
 SIGNING THE PETITION.

WE AGREE TO BE RESPONSIBLE FOR ALL INJURIES TO PERSONS OR DAMAGE TO PROPERTY

NUMBER OF HOUSES ON BLOCK
 (To be completed by Borough)

NUMBER OF VACANT HOUSES ON BLOCK
 (To be completed by Borough)

NUMBER OF SIGNATURES

PLEASE PRINT AND SIGN LEGIBLY WHEN COMPLETING INFORMATION BELOW

FIRST NAME, LAST NAME	SIGNATURE	ADDRESS	FIRST NAME, LAST NAME	SIGNATURE	ADDRESS
1.			28.		
2.			29.		
3.			30.		
4.			31.		
5.			32.		
6.			33.		
7.			34.		
8.			35.		
9.			36.		
10.			37.		
11.			38.		
12.			39.		
13.			40.		
14.			41.		
15.			42.		
16.			43.		
17.			44.		
18.			45.		
19.			46.		
20.			47.		
21.			48.		
22.			49.		
23.			50.		
24.			51.		
25.			52.		
26.			53.		
27.			54.		