



Borough of Little Silver

480 Prospect Ave., Little Silver, NJ 07739- 732-842-2400, 732-219-0581 (fax)

www.littlesilvernj.gov

BLOCK PARTY APPLICATION

LOCATION: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER: _____ EMAIL: _____

EVENT DATE: _____ RAIN DATE: _____

TIME: FROM _____ TO _____ FROM _____ TO _____

Name of the street or streets proposed to be closed, and from which house number to which house number:

Will any booths, rides, or other structures or mechanical equipment be erected **in the street** for use during the event? If so, an **insurance certificate will be required**, naming the Borough as an additional certificate holder. Please describe:

What arrangements are being made for collection and removal of litter created by the event?

Party Chairperson: This person will be responsible for the conduct of the block party and will serve as the liaison between the Borough and the participants of the block party.

Name: _____ Phone Number: _____

Address: _____

Approximate number of attendees (from attached sheets): _____

Please provide any additional information which the Borough will find helpful in deciding whether a permit should be issued

I/We hereby agree to the following:

1. Application must be submitted at least 20 days prior to event.
2. Access shall be maintained for all emergency vehicles in the area and all residents.
3. I/We will be responsible for placing in a safe and neat manner, the necessary barricades.
4. Barricades shall be removed immediately after conclusion of function.
5. All activities must cease by 10:00 pm.
6. Borough shall not be responsible for injuries.
7. Area must be left in neat and orderly condition.
8. Streets and sidewalks cannot be closed to pedestrian traffic.
9. **No alcoholic beverages or open flames are permitted.**
10. Written approval and addresses of residents affected must be submitted, whether they are attending or not. See the attached form.

Note: It shall be the duty and responsibility of all people participating in the block party to agree to hold the Borough of Little Silver, its offices, employees, and/or agents harmless from any costs, damages, and liabilities which may accrue or be claimed to accrue by reason of the block party.

Date: _____

Signature: _____

Street Address: _____

Phone Number: _____

Please allow at least 3 weeks for approval.

To be filled out by Borough Officials

Permit #: _____

Authorized Signature: _____

Administrator

Date: _____

Chief of Police

Date: _____

**THIS PERMIT SHALL BE AVAILABLE FOR INSPECTION AT THE EVENT
LOCATION DURING THE EVENT.**

CC: Police Department
Fire Department
Emergency Medical Services
Public Works

Residents affected by the event:

I/We _____, residing at _____, hereby

☐ Give permission for the event to be held ☐

Do not give permission for the event to be held

☐ Will be attending # of attendees: _____ ☐ Will not be attending

Signature: _____ Date: _____

I/We _____, residing at _____, hereby

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Additional copies may be made