



Block Party Application

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

Applicant Email Address: _____

Date of Block Party: _____

Rain Date (If Applicable): _____

Time of Block Party: Start: _____ End: _____

Names of Streets to be Blocked Off: _____

Block Party Conditions

1. Applicant must reside on the block being closed.
2. Notification provided to property owners on the street or affected owners within 500 feet of the event and must obtain one adult signature from all households affected by the blocked portions of the street (see attached Block Party Resident Signature Form).
3. Block parties can be held until 8:00 p.m. during the week and 9:00 p.m. on the weekends. The roads must be accessible to emergency personnel at all times.
4. All driveways are not permitted to be blocked.
5. At the conclusion of the event, all trash must be cleared from the roads.
6. Fireworks are not permitted at any time.
7. Block party attendees need to keep noise levels to a minimum.
8. A map needs to be provided with the Special Event Application depicting location of the streets that will be blocked off.
9. All fire hydrants must be accessible at all times.

I hereby certify that I/we will adhere to the block party conditions of Cheltenham Township

Applicant Signature: _____ **Date:** _____

Approved By: _____ **Date:** _____

