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## APPLICATION FOR TEMPORARY ROAD CLOSURE PERMIT (BLOCK PARTY)

**PLEASE SUBMIT THIS APPLICATION AT LEAST 30 DAYS IN ADVANCE OF THE PLANNED ACTIVITY REQUIRING A ROAD CLOSING.**

THIS FORM MUST BE COMPLETED AND A **PERMIT** ISSUED TO HAVE AN APPROVED ROAD CLOSING. SIGNS AND NECESSARY BARRICADES CAN BE PICKED UP AT THE LIMERICK TOWNSHIP PUBLIC WORKS FACILITY 24 HOURS PRIOR TO THE PLANNED ACTIVITY. ALL SIGNS AND BARRICADES MUST BE RETURNED WITHIN 24 HOURS AFTER THE ACTIVITY.

**PLEASE NOTE:** EMERGENCY VEHICLES MUST BE ABLE TO TRAVEL FREELY THROUGH THE STREET AT ALL TIMES.

### 1. ACTIVITY INFORMATION

NAME OF ROAD TO BE CLOSED: \_\_\_\_\_

LIMIT OF CLOSURE:

FROM (ADDRESS/INTERSECTION): \_\_\_\_\_ TO (ADDRESS/INTERSECTION): \_\_\_\_\_

DATE(S) OF CLOSURE: \_\_\_\_\_ FROM (TIME): \_\_\_\_\_ TO (TIME): \_\_\_\_\_

RAIN DATE(S): \_\_\_\_\_ FROM (TIME): \_\_\_\_\_ TO (TIME): \_\_\_\_\_

NUMBER OF PEOPLE EXPECTED TO ATTEND: \_\_\_\_\_

PURPOSE (PLEASE EXPLAIN OR ATTACH A COPY OF AGENDA OR PLANNED ACTIVITIES):

\_\_\_\_\_  
\_\_\_\_\_

### 2. ACTIVITY CHAIRPERSON / EMERGENCY CONTACT

NAME AND TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ ALTERNATE PHONE #: \_\_\_\_\_  
( ☐ HOME ☐ WORK ☐ CELL )

ADDRESS (STREET, CITY, STATE, ZIP): \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

ORGANIZATION ADDRESS (STREET, CITY, STATE, ZIP): \_\_\_\_\_

ORGANIZATION PHONE #: \_\_\_\_\_

### 3. CERTIFICATION

*I DECLARE UNDER PENALTY OF PERJURY (PA CONS. STAT. 4904 RELATING TO UN-SWORN FALSIFICATION TO AUTHORITIES) THAT TO THE BEST OF MY KNOWLEDGE THESE STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT THIS APPLICATION IS A CONTRACT BETWEEN LIMERICK TOWNSHIP AND MYSELF AND/OR THE ORGANIZATION/ENTITY REQUESTING THE PERMIT.*

BY SIGNING THIS APPLICATION, THE ACTIVITY CHAIRPERSON/PERMIT APPLICANT SHALL INDEMNIFY AND HOLD HARMLESS LIMERICK TOWNSHIP, ITS OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES AGAINST ALL CLAIMS OR LIABILITY AND CAUSES OF ACTION RESULTING FROM INJURY OR DAMAGE TO PERSONS OR PROPERTY ARISING OUT OF THE PLANNED ACTIVITY.

CHAIRPERSON SIGNATURE: \_\_\_\_\_

CHAIRPERSON NAME (PRINTED): \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTICE:** THE CHAIRPERSON OR OTHER PERSON HEADING OR LEADING THIS PLANNED ACTIVITY **SHALL** CARRY THE PERMIT UPON HIS/HER PERSON DURING CONDUCT OF THIS ACTIVITY AND MAKE SAME AVAILABLE UPON REQUEST OF THE CHIEF OF POLICE OR HIS/HER DESIGNEE.

TOWNSHIP USE ONLY BELOW THIS LINE

DATE/TIME APPLICATION RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

LIMERICK TOWNSHIP PUBLIC WORKS APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

*PLEASE FORWARD A COPY OF THE APPROVED APPLICATION TO THE LIMERICK TOWNSHIP POLICE DEPARTMENT.*