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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.