

Printed Name of Applicant

## City of Mount Clemens Block Party Permit Application

<u>Directions:</u> Return a signed copy of this form with signatures to **Mount Clemens City Hall, Community Development Department, One Crocker Blvd. Mount Clemens, MI 48043,** no later than two (2) weeks prior to the proposed Block Party date. There is no fee required for a Block Party Permit Application. Applicants will receive a confirmation letter in the mail after the City has approved the Block Party.

Name of Appli	icant:					
Address of Ap	plicant:					
Phone: Street to be closed: Date of Party:		Email:				
		Between:	and			
		Time: From:	AM/PM To:	AM/PN		
Party Regulation	_	ed that the block party participar	nts will comply with the following	g responsibilities		
-	<ol> <li>The party will be conducted in a manner which does not disturb nonparticipating residents</li> <li>City staff will drop off barricades the evening or Friday prior to the event. Residents are responsible for placing the barricades and then returning them to the shoulder of the street at the end of the block party.</li> </ol>					
-	) No alcohol will be consumed on City streets					
4)	All fire hydrants must be easily accessible to the Fire Department and a 20 foot wide fire lane must be maintained at all times.					
5)	<ul><li>5) Block parties must end by dusk and no later than 11:00 PM on any day for safety precaudue to limited sight and the City's noise ordinance</li></ul>					
6)	The public right of way must be cleared of all debris and any grills and/or tents set up at the conclusion of the party.					
halt the party of the particip	if repeated co	mplaints are received for inapproted ted residents must be notified of	County Sheriff's Deputies have th opriate activity or unnecessary n f the Block Party and 51% of thos	oise on the part		
Applicant's Signature		Date		_		

## **BLOCK PARY SIGNATURE FORM**

Dear Neighbors:								
We would like to seek permiss	sion from the (	City of Mount Cler	nens to close	fron				
			Street	Name				
toto		We are askin	ng the City to close the Sti	reet on				
Street name for the purpose of a block par				Date				
This may <b>only</b> be allowed by t for your consideration!	he City if 51%	of the abutting ho	ome owners grant their po	ermission. Thank you				
Printed Name	Signa	ature	Address					