

BLOCK PARTY REQUEST APPLICATION

TO: Village of Babylon Board of Trustees

RE: Block Party Application

Date of Application: _____ (Submit at least **three (3)** days prior to a regularly Scheduled Board Meeting)

We, the residents of _____, hereby request permission to
(Street Name)

Hold a block party on _____ from _____ to _____ ; with
(Date) (Start Time) (End time- no later than 11:00 pm*)

A rain date of _____. The street will be blocked between _____
(Date) (Street Name)

And _____. Please deliver _____ barricades to _____
(Street Name) (No. of Barricades) (Resident Name)

And _____, at _____ prior to party.
(Resident cell Number) (Resident Home Address)

We the undersigned understand that a **non-refundable application fee** of \$100.00 is due at time of submitting Application together with a **compulsory \$50.00 deposit for each barricade**. See barricade form attached.

Your deposit check will be returned to you once the Village has confirmed the return of all barricades.

Attached are the addresses and signatures of **ALL** residents affected by the block party.

- **Note:** All block parties must end, with barricades removed, by **11:00 PM**; and with the street open to vehicle traffic. This is strictly enforced.

Also Note: pony rides, inflatable castles, games, etc. must be confined to private property, i.e, not on the street. The use of D.J.'s and their related sound must also be controlled so as not to interfere with surrounding neighbors.

FIREWORKS ARE PROHIBITED

BARRICADE DEPOSIT/RECEIPT FORM

Block Party Date: _____

Street(s): _____

Deliver to: _____
(Resident Name and Address)

Cell phone number: _____

Alternate telephone number: _____

Number of barricades delivered: _____ Date: _____

Receipt of barricade(s): _____
(Resident's Signature)

Number of barricades returned: _____ Date: _____

Received by: _____
(Village Employee Name and Position)

NOTE: Village employee, please return completed form to Mayor's Office.

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Use space below to diagram Street closure(s) and barricade placement(s):

