

117 N. Molalla Avenue., PO Box 248 Molalla, OR 97038 Ph. 503-829-6855 ext #223, Fax 503-829-3676

City of Molalla **BLOCK PARTY PERMIT**

*Submit not less than 2 weeks prior to Block Party

SUBMISSION OF APPLICATION

A Block Permit must be completed to close a public street in order to conduct a neighborhood block party. A "Block Party" is a gathering organized by the residents of the neighborhood abutting the street to be closed, for their enjoyment.			
EVENT DATE, TIME & LOCATION			
Event Name:			
Event Date:			
Event Start Time:	Event End Time*:(Before 10 p.m.)		
(*Allow time for setup, take-down. During daylight hours only).			
Location/Affected Street(s):			
from to	(Include map of block to be closed)		
APPLICANT INFORMATION			
Contact Name:			
City/State/Zip Code:			
Telephone: Alternate Phone:			
Email:			
ADJOINING RESIDENTS' CONSENT			
Applicants must attach the following documen	nts:		
 Listing of the addresses of all properties adjoining the portion of the street proposed to be closed. Signature by at least one resident from each address indicating approval of the proposed date and time of the block party and street closure. 			
AGE	NCY APPROVALS		
1 1	ed the proposed street closure and placement of the required Officials and Emergency Management Officials.		



117 N. Molalla Avenue., PO Box 248 Molalla, OR 97038 Ph. 503-829-6855 ext #223, Fax 503-829-3676

AGENCY APPROVALS			
Public Works / Street Department: Reviewed by: Da □ Approved □ Denied Conditions of approval: Police Department Reviewed by: Da □ Approved □ Denied Conditions of approval: Fire Department/ Emergency Management:			
Reviewed by: Da □ Approved □ Denied Conditions of approval:	te:		
DAY OF EVENT CONTACT INFORMATION			
Name: Te Name: Te Name: Te	elephone:		
RELEASE & INDEMNITY AGREEMENT			
The undersigned Sponsor, by signature below, shall defend, indemnify, and hold the City, its officers, agents and employees, harmless against all liability, loss, or expenses, including attorney's fees, and against all claims, actions or judgments based upon or arising out of damage or injury (including death) to persons or property caused by any act or omission of an act sustained in any way in connections with the performance of this event or by conditions created thereby, or based upon violation of any statute, ordinance or regulation. This contractual indemnity provision does not abrogate common law or statutory liability and indemnification to the City, but is in addition to such common law or statutory provisions.			
APPLICANT'S SIGNATURE			
The information submitted is true to the best knowledge of the undersigned, and the undersigned shall notify City in writing at any time as additional information is known or the plans for the event are revised which would alter the information and statements given.			
Signature of Person Signing:			
Name of Person Signing (print legibly):			
Title of Office:			
CITY USE ONLY			

Date Received: _____ Date Permit Issued: _____ Date Given to Applicant: ____

City of Molalla **Parks & Recreation Department**<u>www.cityofmolalla.com</u>



Block Party Date:

117 N. Molalla Avenue., PO Box 248 Molalla, OR 97038 Ph. 503-829-6855 ext #223, Fax 503-829-3676

BLOCK PARTY ABUTTING NEIGHBORS CONSENT

Street Closure/ Restriction Time: From (Time of Block Party should	om:am/pm to _ ld be within this period of time; allow time	am/pm ne for setup and take down)	
Street(s) Closed/ Restricted:	(L	ocal street name)	
The undersigned is a resident at the address listed, which abuts or has frontage on the Street Closed/ Restricted name above, and consents to the closure or restriction of the Street during the period state above.			
Dates signatures collected: I	From to	·	
Street Number/ Street name	Resident Name (Legible) (One resident from each property)	Resident Signature	

Applicant: Use additional sheet if necessary. Submit with Block Party Application.