



BLOCK PARTY

APPLICATION AND PERMIT

Application date: _____ Date of Event: _____ Time of Event: _____
Location: _____

Description of the proposed event: *(purpose, number of people expected, type and nature of any vehicles, equipment or other apparatus to be used in connection with the event, any special or unusual requirements that may be created by the proposed event)*

Please complete and attach the PETITION:

Responsible person who will be at the site for the duration of the event and who will be the contact person for City Officials if necessary: *(this person must be 18 years or older)*

Name: _____ Phone: _____ Mobile: _____

Address: _____

Alternate Phone: _____ Mobile: _____

Contacts: _____

Agreement to compensate City: The applicant agrees to compensate the City of El Cajon for any loss or damage to public property as a result of this event. Also, the applicant will provide the City with a deposit for the City's estimated costs no later than ten (10) days prior to the event. The applicant agrees that if the actual costs exceed the deposit, the applicant will pay the City the difference within fifteen (15) days of the date of the bill from the City. A refund will be issued by the City within fifteen (15) days if the deposit exceeds the costs. Applicant agrees to clean and restore site within 24 hours after event.

Applicant's name

(please type or print):

Applicant Signature: _____ Date: _____

Address: _____ Phone: _____

FOR CITY USE ONLY:

Approved Denied Date: _____

Reason(s) for denial: _____

Check list complete? Yes No

Shall be submitted 30 days prior to event - Date: _____ *If not, City Manager or designee approval* _____

Special requirements: _____



BLOCK PARTY

CLOSURE OF PUBLIC RIGHT-OF-WAY FOR PRIVATE EVENT PETITION OF RESIDENTS

The City of El Cajon received an application for this event. This petition must be signed by the majority of the residents in the affected area and who live on the street to be blocked. The party will commence after 10 a.m. and not continue after 10 p.m. Music and/or sound amplification will be kept an acceptable level (ECMC Sec. 9.44). Lighted barricades will be provided along with any additional traffic control devices required. Adult supervision will be provided at all times during the day.

Application date: _____ **Date of Event:** _____ **Time of Event:** _____

Location: _____

Brief description of the proposed event: *(purpose, number of people expected, any special or unusual requirements that may be created by the proposed event)*

Instructions to Applicant: A majority of residents affected by closure of street(s) for a private event must approve it by signing this petition. Submit petition with application for closure of street(s).

We, the undersigned, do hereby agree to the closure of street listed above in El Cajon, CA for the purpose of a private event. We will cooperate with other area residents and the City of El Cajon to ensure the safety of all residents. We, the undersigned, do hereby certify that we are residents at the address noted below and may be reached at the indicated telephone numbers.

	Name	Street Address	Telephone	Signature
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