



CITY OF
GRAND
RAPIDS

OFFICE OF SPECIAL EVENTS
One Monroe Center NW, Grand Rapids, MI 49503
(Inside the Police Department)
Phone: 456-3378 FAX: 456-4592

BLOCK PARTY PERMIT APPLICATION

\$20.00 FEE - Make check payable to City Treasurer

The following rules govern the closure of a street for a Block Party:

- **A Permit must be requested no later than seven (7) business days in advance of the desired date. Only one (1) block may be closed for one (1) day. NO EXCEPTIONS!**
- At least 51% of the residents in the block must be in favor of the party.
- All residents on the block must be contacted before the application is submitted.
- A list showing the neighbors' addresses along with the neighbors' signatures must be submitted with the application.
- The applicant must be at least 18 years of age and be a resident of the block being closed.
- The applicant automatically becomes Chairperson for the Block Party with the following responsibilities:
 - Placement and removal of the street closure devices (barricades) and the return of the equipment to the delivery site.
 - **To keep clear one traffic lane for emergency vehicles through the entire block.**
 - Monitoring and regulating noise resulting from the party.
 - Clearing of the area in case of an emergency.
- Time limits of party: Begin any time during daylight hours. End and clear before sunset.
- Block Parties will not be permitted on Major Streets.
- No banners or signs placed on the barricades.
- Permits will be issued at the discretion of the City of Grand Rapids' Special Event Coordinator.

Please complete section below:

Name of Applicant: _____ Phone: _____

Address: _____ Zip Code: _____

Email: _____ Check here if you would prefer to have the permit emailed

Date of Block Party: _____ Time: _____

Block Party Location:

Street Closed From To

If you have not received barricades, please contact the Traffic Safety Department at 456-3279. The barricades are sometimes left laying flat on the ground at the intersections, so please double check before calling. As Chairperson, I acknowledge the information provided is correct and agree to abide by the above rules.

Signed: _____ Date: _____