

Official

Township of Old Bridge

Township Clerk's Office One Old Bridge Plaza Old Bridge, NJ 08857 (732)721-5600

Block Party Application

Must be submitted 1 (one) month prior to a council meeting to be approved. If all persons on the block have not signed off on the closing, please allow for two (2) months to process.

(/32)/21-560	0		Date of Application		
Applicant Information:					
Name of Applicant Phone Number - Day			E-mail Phone Number - Night		
					Address of
Applicant	Street Address		Town		
Party Information					
Type of Party	Date of Party	Rain Date	Hour Party Starts	Hour Party Ends Not Past 10:00 PM	
Description of Party (Activities, # of People Age Range, Entertainment)					
Streets and intersections to be closed Be specific					
Please Draw a Diagram of the Streets to Be Closed (May be provided an separate sheet of paper)					
If Rides Are Planned:					
 Please Indicate Company Information Copy of Vendor State 	Nam	e of Company	E-	mail of Company	
Certification Needed	Addre	ess of Company	Phone	Number of Company	
Signatures of Neighbors	All residents of		n, regardless of participation when form that may be used		
I hereby agree to comply with all th	ne rules and regulation		•		
1. The street must be closed to vehicles and all other vehicles. Significant the street.					
 It is the responsibility of the applied depart as desired. Cars are not to There must be a twelve (12) foot 	be used to block stre	ets; portable devices	s such as cones, garbage pails,		
4. Amusement games/rides must be5. There must be an approved traffic	set up on the <u>opposite</u> c land available at all tin	side of the street ha	aving the fire hydrant and mus	st be flush against the curb.	
No grills, or food tables are to beNo alcoholic beverages are to be		thoroughfare.			
8. The party must end and the street9. All block parties are subject to the regulations may result in a summore	es cleared completely of the Township Ordinances	people, paraphernal			
10. Granting Permission by the Towr for any injuries or damage to pers assume full responsibility for same	nship Council to hold sa ons or property that mi				
Signature of Applicant	Prin	ted Name of Appl	licant	Date	
For Office Use Only:	Painet				
For Office Use Only: Fire Approve	Reject				

Signature

Printed Name

Date

Block Party Resident Signature Page

It is required that all residents of the street on which the block party is planned and are affected by the closing of the intersecting streets are to sign below that they are in agreement with the Holding of the Block Party

Please use additional sheets if necessary

Applicant Name	Date of Party	Rain Date	Addre	ess
Print Name	Street Address		Signature	
	_			
			-	_
			-	_
				_