

BLOCK PARTY PERMIT APPLICATION

Date:	Event Name:		
Public Street requested for use: Street Closure: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, submittal will require additional review approval from Transportation group).	<u>Applicant:</u>		
	Name:		
	Organization Name:		
	Address:		
	City:	State:	Zip Code:
	Phone #:		
Email:			
Description or Purpose of Event:	Start Date:	Start Time:	
	End Date:	End Time:	
Link Block Party Permit Guidelines			

Submittal Requirements Checklist:

Neighborhood notification signature sheet

Map of location (must include address, major cross streets, and temporary removable barricades)

Will this event take place within 500 feet (direct line measure) from any school, church, hospital, nursing home, or any other sensitive receptor?

Yes No (if yes, owner/manager of such institution must sign the neighborhood notification signature sheet)

Will cooking take place on the public sidewalk or street?

Yes No (if yes, attach [Public Safety Permit](#); consult with Hillsboro Fire Department)

Will the event require sound amplification? (See guidelines [3])

Type of sound amplification:

Yes No (if yes, what time(s) Start Time: _____ to End Time: _____)

Public Works Department

4415 NE 30th Avenue, Hillsboro, Oregon 97124

Phone 503.615.6509 Fax 503.615.6580 Web Hillsboro-Oregon.gov/PublicWorks

BY SIGNING BELOW, THE APPLICANT(S) SHALL CERTIFY THAT:

- The above request does not violate any recorded deed restrictions that may be attached to or imposed upon the subject property.
- If the application is granted, the applicant will exercise the rights granted in accordance with the terms and subject to all the conditions and limitations of the approval.
- All the above statements and the statements in any plot plan, attachments, and exhibits transmitted herewith, are true; and the applicants to acknowledge that any permit issued, based on this application, may be revoked if it is found that that any such statements are false.
- The applicant has read the entire contents of this application, including the policies and criteria, and understands the requirements for approving or denying the application.

Applicant / Authorized Agent's

Name (Print): _____

Signature: _____ Date: _____

Please submit your application and all required supporting documents to Eng_Permits@hillsboro-oregon.gov. If you have any questions, please contact 503-681-6146

FOR OFFICIAL USE ONLY

Assigned Review # _____

Received by Staff: _____