

DEPARTMENT OF PUBLIC SAFETY

City of Morganton



Block Party Application & Permit

Thereby make application for a permit	to fiold a block party off the follow	wing dates (Fease include start and end times).	
I am requesting that the following stree	et be closed for this purpose:		
Name of Person In Charge (Please inclu	de name of organization):		
Name:			
Address:			
Home/Mobile Telephone:	Worl	k Telephone:	
Number of people expected to attend ((Please mark below the ages expe	ected to be included):	
Children Young Ad	dults Adults		
hold responsible the person signing as b later than the hour shown on the permit	peing in charge or responsible for t. The street will be cleaned of all	rily closed within the confines of the permit. It will r the party. In addition, the party will conclude no I trash, papers or other objects left from the party. gulations and will insure that order is maintained	
		person must obtain signatures from the neighbors g block party, its date, time and their agreement w	
Signature of Person Requesting Permit ((Please print name beside signatu	ure) Date	
This form, when properly completed an	d signed by the Director of Public	c Safety or a designated officer, shall constitute a	
Block Party Permit under authority of M	organton City Code, Section 6-20)35.	
Chief of Public Safety or Designated Offi	icer Signature	Date	
Fees Paid			