

BOROUGH OF BLOOMINGDALE

BLOCK PARTY PERMIT APPLICATION # _____

Name of Block Party Coordinator: _____

Street Address: _____

Home Phone # _____ Alt. Phone # _____

Email Address: _____

Note:

Please submit your application to the Municipal Clerk's Office at least 30 days prior to the Proposed Block Party

Date of Block Party: _____

Application submitted by: _____

Hours of Proposed Street Closure: _____

Street to be closed: _____

Intersections: _____

***UPON COMPLETION, PLEASE SUBMIT THIS APPLICATION
TO THE OFFICE OF THE MUNICIPAL CLERK, 101
HAMBURG TURNPIKE, BLOOMINGDALE, NJ 07403***

EMAIL: bsmith@bloomingtonnj.net OR FAX: 973-838-5115

PLEASE NOTE: Once approved, all residents to be included in the street closure must be notified in advance. You cannot place notices inside or on mailboxes.

FOR OFFICE USE ONLY

Notification Made To:

____ Police Department ____ Road Department ____ Fire Dept. ____ Ambulance

_____ Date Approved _____ Date Denied