

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

FOR OFFICE USE ONLY

Notification Made To:

___ Police Department ___ Road Department ___ Fire Dept. ___ Ambulance

_____ Date Approved _____ Date Denied