Upper Darby Township Street Closure Permit Request



Reason for Street Closure Request:		ARE GOO!
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DIOCK INUITIOET.	Sueet Name.	
Name of Contact Person(s):		Cell#:
Address:		
Email:		
Date of Event:	Rain D	rate (if needed):
Start Time:	I	End Time:
Amount of Households on the Block	k:	
Please circle Yes or No to the follo	owing questions:	
Have you submitted a copy of the pe	etition, signed by 90% of the hor	useholds? YES / NO
Will there be Live Music? YES /	NO Will there be a D.	J? YES / NO
Will there be loudspeakers? YES	/ NO Will there be Infla	atable(s)? YES / NO If yes, how many?
		vent:
IMPORTANT INFORMATION I	REGARDING UPPER DARBY	Y TOWNSHIP STREET CLOSURES
2. The street must be accessib	ole to emergency vehicles at all ti	d 8:00pm on the date of the event. imes. No major obstacles placed in the street. ividual who will be present during the full duration
4. State highways and/or bus i5. Vehicles of any type may		street. Wooden barricades or trash containers

- of
- are permitted for this purpose.
- All trash must be cleared from the street at the conclusion of the event.
- 7. The Laws of the State of Pennsylvania and the Ordinances of the Township of Upper Darby concerning excessive noise, alcoholic beverage consumption, disorderly conduct, firepits, fireworks, etc. must be adhered to at all times.
- If during the event, any Laws of the State of Pennsylvania or any Ordinances of the Township of Upper Darby are violated, or if the Police Department is called to the street and file a disturbance report, future permits may not be issued.
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9. The Township will permit the closure of any	street/block only ONCE per calendar year.
10. When possible, the Township will provide ba	arricades for the closing of the street. The barricades will need to
placed and then removed by a resident of the	petitioned block at the beginning and end of the event.
11. Permit requests must be submitted to the Tow	whip no less than three (3) weeks prior to the event date.
Name of Applicant:	Signature:
Date:	