



APPLICATION
FOR USE OF AND BLOCKING OF ACCESS TO PUBLIC
RIGHT-OF-WAY FOR A RESIDENTIAL BLOCK PARTY

The Board of Public Works must have **four (4) weeks prior notice** of the event.

A NON-REFUNDABLE APPLICATION FEE OF \$50.00, IN THE FORM OF A CERTIFIED CHECK OR MONEY ORDER, PAYABLE TO THE CITY OF SOUTH BEND, MUST BE INCLUDED WITH APPLICATION.

Applicant Name:								
Organization:								
Address:		City:		State:		Zip		
Phone:		Email:						
Secondary Contact								

Address: _____								
City: _____ State: _____								
Phone: _____ Email: _____								
This application is made to the City of South Bend, Indiana, Board of Public Works, for the use of the specified public right-of-way by Applicant for the holding of the hereinafter described event:								
Event Name								
Street Closure		Name of Street						
		From						
		To						
Date of Event			20	___				
Time	Setup	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Start Time	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	End Time	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
Approximate Number of Attendees								
Please answer the following appropriately:								
• This event will be open to residents outside the immediate neighborhood.					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• All residents on the affected block have been notified and invited. A copy of the flyer distributed is included.					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• There is/are resident(s) affected by the event that may need ADA transportation assistance to their residence.					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• This event will have music (live or other).					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Payment of \$50.00 fee payable to City of South Bend included					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

<ul style="list-style-type: none"> For Certified Nonprofit Organizations: Copies of the 501(c)(3) Internal Revenue Exemption Status Document and a current copy of Form 990 or Form 990-EZ are included with this application. 	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
IF ALCOHOL IS TO BE SERVED OR SOLD				
Alcoholic beverages will be served <input type="checkbox"/> Alcoholic beverages will be sold <input type="checkbox"/>				
Certified Check or Money Order for \$400.00 must be submitted with application. <ul style="list-style-type: none"> Application cannot be processed without deposit. Deposit will be returned upon inspection of event area by the Board of Public Works. 	<input type="checkbox"/>			
Names and phone numbers of THREE security guards is included <ul style="list-style-type: none"> To monitor underage drinking. Qualifications must be listed (e.g. Off-duty police officer, professional security guard, or event APPLICANT). 	<input type="checkbox"/>			
A drawing must be submitted showing: <ul style="list-style-type: none"> Fencing around serving area Trash receptacles. <ul style="list-style-type: none"> Ample trash receptacles must be provided to ensure proper disposal of refuse. 	<input type="checkbox"/>			
Temporary liquor license. <ul style="list-style-type: none"> Call the Alcohol & Tobacco Commission at (317) 234-4315 for more information. Application cannot be processed without a copy of this license. 	<input type="checkbox"/>			



APPLICATION
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City of South Bend, Indiana • Board of Public Works
PERMIT AND AGREEMENT FOR THE
USE OF RIGHT-OF-WAY FOR BLOCK PARTIES

1. Pursuant to Local Ordinance No.10102-11, there is a \$50.00 non-refundable fee for residential Block Parties. Non-profit organizations meeting Section 501(c)(3) of the Internal Revenue Code are exempt from the fee provided copies of the 501(c) (3) Internal Revenue Exemption Status Document and a current copy of Form 990 or Form 9990-EZ are filed with this application.
2. Block parties are allowed solely for neighborhood events. No block party application will be approved for private parties.
3. All residents within the affected area must be notified of this event. The APPLICANT must obtain signatures from and/or has made an attempt to notify all residents that reside on the block. **A copy of a brochure or letter of invitation distributed to all affected neighbors describing the event purpose, date, and time must be included with the application.**
4. The applicant is responsible, prior to the event, for determining if there are any residents affected that could potentially need assistance in accessing their residence. **The applicant is responsible for providing said resident access or transportation to their property.**
5. The cones will be delivered to the APPLICANT'S address. The APPLICANT assumes full responsibility for clean-up and assures the City that all cones will be maintained and returned undamaged. The APPLICANT will be liable for the replacement cost of \$50.00 per cone as a result of any missing or damaged cones.
6. Block parties must end by 8:00 p.m.
7. A street will be blocked off from intersection to intersection only. No half-blocks or alleys can be blocked off.
8. The Board of Works reserves the right to deny any block party application based on traffic and speed limit records. No street may be closed with a speed limit over 30 MPH or considered to be a major arterial.
9. The Board of Public Works reserves the right to deny any block party application based on information gathered from the South Bend Police Department or other sources.
10. The APPLICANT agrees to allow residents that live on the above-referenced block access in and out of the restricted area as needed.
11. The APPLICANT agrees to abide by all terms and condition of the South Bend Municipal Code and Board of Public Works' policy adopted in Resolution No. 21-2011 on February 28, 2011
12. APPLICANT agrees to indemnify, defend and hold harmless the Civil City of South Bend, Indiana, from any liability, loss, costs, damages or expenses, including attorney fees, which the Civil City of South Bend, may suffer or incur as a result of any claims or actions which may be made by any person, including a participant in the activity, arising out of the approval of this request by the Board of Public Works to close a portion of the public right-of-way for a party or similar event. The undersigned certifies that he/she is authorized to bind the APPLICANT to the

terms hereof.

- 13. Notification of approval/denial of this request will be issued by return of this form, upon signed authorization by the Board of Public Works.
- 14. **The City of South Bend Noise Ordinance is in effect at all hours. Between the hours of 11:00 p.m. and 7:00 a.m. certain noises are particularly prohibited. These include operating radio receiving sets, musical instruments, phonographs and other sound reproduction devices if audible fifty (50) feet away, as well as shouting, yelling, hooting, whistling, or singing in the streets in a manner to disturb the peace (Municipal Code 13-57).**

I have read the Application and Permit and the Agreement for the "Use of Right-of-Way for Block Parties" and I understand and agree to the above rules and regulations. I also understand that this application may be denied based on any false or incomplete information.

Dated this _____ day of _____ 20 _____

APPLICANT Signature _____

Printed Name _____

BOARD OF PUBLIC WORKS APPROVAL

_____	_____	_____
President	Member	Member
_____	_____	_____
Member	Member	Date

RETURN FORM TO:
Board of Public Works
1316 County-City Building
227 West Jefferson Boulevard
South Bend, IN 46601
Phone: (574) 235-9251

RESIDENT SIGNATURES

We have been informed, agree to, and request that the Board of Public Works of the City of South Bend authorize a block party in the area described as:

_____ from _____ to _____
Street Name Cross Street Cross Street

Date of Event

1. _____
Signature _____
Name _____
Address _____
Phone No. _____
Date _____

6. _____
Signature _____
Name _____
Address _____
Phone No. _____
Date _____

2. _____
Signature _____
Name _____
Address _____
Phone No. _____
Date _____

7. _____
Signature _____
Name _____
Address _____
Phone No. _____
Date _____

3. _____
Signature _____
Name _____
Address _____
Phone No. _____
Date _____

8. _____
Signature _____
Name _____
Address _____
Phone No. _____
Date _____

4. _____
Signature _____
Name _____
Address _____
Phone No. _____
Date _____

9. _____
Signature _____
Name _____
Address _____
Phone No. _____
Date _____

5. _____
Signature _____
Name _____
Address _____
Phone No. _____
Date _____

10. _____
Signature _____
Name _____
Address _____
Phone No. _____
Date _____