



Established 1824

KELLY
Township

Block Party and Street Closure Application

Street Closures must be approved by Kelly Township

Applicant Name (Print): _____

Organization: _____ Email: _____

Address: _____ Phone: (Day) _____

City, State, Zip: _____ Phone: (Evening) _____

Date of Closure: _____ Rain Date: _____ Time: (From) _____ (To) _____

Purpose of Closure: _____

Specific Street(s) to be closed (please include intersections): _____

- Applicant Responsibilities:
 - To provide the Township with a Certificate of Insurance for a liability insurance policy in the amount of \$1,000,000.00 per occurrence and an aggregate amount of \$2,000,000.00, naming the Township as an additional insured at least 14 days prior to the date of the street closure.
 - To notify all neighbors affected by the street closure.
 - To notify Emergency Services (Fire/Police) upon approval of request, to inform the Township when Emergency Services have been notified and to notify the 911 Center at their non-emergency number ((570) 523-1113) on the day of the street closure.
 - To clean up after the event.
 - Block Parties must end by 8 p.m.
- Kelly Township will provide barricades or cones and signage and place them to close the street at the start of the Block Party at all points where the street is closed. It will be the applicant's responsibility to remove the barriers or cones and signage at the conclusion of the event and place them within the right-of-way off the paved roadway.

Desired Barrier drop-off location: _____

Signature of Applicant

Date

Official use only:

Permit # _____

Approved by

Date

Certificate of Insurance Received: _____

Emergency Services Notified: _____

Confirmation Letter Sent: _____ \$50.00 Application Fee Received: Ck# _____ Date _____