

**City of Santa Clara
Block Party Application**

Applications must include a map of the impacted area. Applications without a map will not be reviewed and will be returned to the applicant.

Applicant Information

Name: _____
Address: _____
Email: _____
Phone: _____

Event Information

Date: _____
Hours: _____
Location: _____
Cross Street/Limits: _____

Applicant Signature

Date

FOR OFFICIAL USE ONLY

TRAFFIC ENGINEER	FIRE CHIEF	POLICE CHIEF
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Encroachment Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date:	Date:	Date:
Notes:	Notes:	Notes:

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Please draw or include an attachment of the impacted area

