



Date _____
Tracking Number _____

NON-COMMERCIAL STREET CLOSURE/BLOCK PARTY APPLICATION

SUPPLEMENT B

THIS APPLICATION MUST BE SUBMITTED ALONG WITH THE MASTER SPECIAL EVENT APPLICATION

CLOSURE INFORMATION

Primary Contact Name _____ Phone _____

Street(s) to be closed _____ Block Number(s) _____

Between _____ and _____

Closure Date(s) _____ Time _____ AM/PM to _____ AM/PM

Dumpster Location (if applicable), Street Name _____ In front of _____

Dumpster Date(s) _____ Time _____ AM/PM to _____ AM/PM Curb Length _____ ft Curb Width _____ ft

Between _____ and _____

ATTACHMENTS

The Department of Sanitation will review all applications to ensure all appropriate clean up or disposal is arranged.

Name of Clean-up or Dumpster Company _____

Contact Name _____ Contact Phone Number _____

If you do not have a contract a with a clean-up or dumpster provider, please describe the nature of the trash to be produced by your event or work as well as your plans for removal thereof.

The following Departments will be reviewing your application based upon the conditions below. These departments may contact you with questions or to request additional information that may result in additional fees/permits.

Check if your event is adjacent to or near the following:	Departments reviewing your application
Neutral ground	Department of Parks and Parkways
RTA Bus Route	Regional Transit Authority
Adjacent to City Property	Department of Property Management
Parking Meters (must purchase these if blocking)	Department of Public Works Parking Division
Taxi/Carriage Stand	Department of Safety and Permits (Taxi Bureau)

ATTACHMENTS

- A petition signed by 100% of the residents, property owners, or property managers must be obtained using page 3 of this supplement, plus any additional pages that are needed.
- **For all Block Parties**, Special Event Supplement G must be submitted along with this application in order to obtain Police Security. The block party permit will not be issued until said application and related fees are approved and paid.

ACKNOWLEDGMENTS

I understand the following:

- I must provide, locate and maintain barricades with flashing amber lights and "Road Closed" signs on the street/roadway at its intersection with the mentioned cross streets and must remove them immediately at the ending time of closure.
- The closed street/roadway will be immediately available for emergency vehicles and vehicles within the closed block. In addition, pedestrians must be allowed access to the closed area free of charge.
- There will be no sales of any kind made on the public right of way.

Additionally, I understand:

- The City of New Orleans accepts no liability in connection with this event.
- This authority does not permit deviation from other provisions of the City Code.
- I have read and fully understand and agree to all provisions. I understand that non-compliance can result in revocation of this permit.

Applicant Signature _____ Date _____



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SUPPLEMENT B

Is the event adjacent to any parking meters? Yes No (If yes, complete Part A in the fees section below.)

Will the event require the removal of any parking meters? Yes No (If yes, complete Part B in the fees section below.)

METER INFORMATION

Location of parking meters: _____

Meter numbers to be rented/removed _____

Period of time for meter rental/removal From _____ at _____ am/pm

To _____ at _____ am/pm

Purpose of meter rental/removal _____

Are you requesting vehicles to be removed from streets/tow trucks? Yes No If yes, for how many hours? _____

FEEES

PART A; METER RENTAL

	Charge Per Meter:	Number of Meters		Service Fees
Meter Bagging Charge	\$ 45	X _____		= _____
Meter Rental Charge:	Charge Per Meter:	Number of Meters	Number of Rental Days	Rental Fees
Rental Charge per diem: 1. Downtown Area*: \$70 2. Other: \$30	\$ _____	X _____	X _____	= + _____
*Downtown area is from the Pontchartrain Expressway to S. Claiborne Avenue to N. Claiborne Avenue to Elysian Fields to the River (Service Fees + Rental Fees + Application Fee) Meter Rental TOTAL				+ \$40.00 Application Fee = _____

PART B: METER REMOVAL

	Charge Per Meter:	Number of Meters		Service Fees
Meter Removal Charge	\$ 305	X _____		= _____
Meter Rental Charge:	Charge Per Meter:	Number of Meters	Number of Rental Days	Rental Fees
Rental Charge per diem: 1. Downtown Area*: \$70 2. Other: \$30	\$ _____	X _____	X _____	= _____
*Downtown area is from the Pontchartrain Expressway to S. Claiborne Avenue to N. Claiborne Avenue to Elysian Fields to the River (Service Fees + Rental Fees + Application Fee) Meter Removal TOTAL				+ \$40.00 Application Fee = _____



Special Events Permit



Date _____
Tracking Number _____

NON-COMMERCIAL STREET CLOSURE/BLOCK PARTY APPLICATION SUPPLEMENT B
HOLD HARMLESS AGREEMENT

For the temporary use of (street names) _____ between _____
 and _____.

To Whom It May Concern:

We, the undersigned, agree to save and hold harmless, the City of New Orleans from all cost and damage to any person and/or property which is caused by any activity, condition, or event arising out of temporary used of the above street, for the purpose of (event)

_____ on _____ from _____ to _____.

We agree to work with the Department of Public Works to secure a Traffic Impact Study - included as an attachment - and also agree to comply with the provisions set forth in the permit issued as a result of this application and all related permits.

We are also aware that the typical insurance policy may not provide us with coverage for accidents that may occur off our private property and in the public right-of-way.

Applicant Signature _____ Date _____

BLOCK PARTY PETITION FORM (ATTACH ADDITIONAL COPIES WITH SIGNATURES, IF NEEDED)

I, _____, domiciled at (address) _____, certify that all heads of households of local residence and/or local business owners below have been contacted with this petition regarding their approval for the closure of the _____ block of (street names) _____ between _____ and _____ for a block party and/or _____ event on (date) _____ from (time) _____ to _____.

Printed Name and Signature	Owner (O) Manager (M) Resident (R)	Phone Number	Address	Approve (A) Disapprove (D)
Print Sign				
Print Sign				
Print Sign				
Print Sign				
Print Sign				
Print Sign				
Print Sign				