

Block Party Permit Application

Revised 2/09

Application submitted by: _____

Street Address: _____

Date Submitted: _____

**NOTE:
PLEASE SUBMIT YOUR APPLICATION TO THE OFFICE OF THE CITY CLERK
AT LEAST 30 DAYS PRIOR TO PROPOSED BLOCK PARTY**

Date of Block Party: _____, 200__

Hours of Proposed Street Closure: _____ a.m./p.m. until _____ a.m./p.m.

Subdivision Name: _____

Specific Location of Proposed Street Closure (i.e. from what intersection to what intersection):

_____ Street

from _____ to _____

Contact Person(s): _____

Contact Person(s) Address: _____

Daytime Phone Number: _____ Evening Phone Number: _____

I hereby certify that all persons who will be impacted in my neighborhood by the closure of this street have been notified of same.

Signed: _____ Date: ___/___/___

**UPON COMPLETION, PLEASE SUBMIT THIS APPLICATION TO:
OFFICE OF THE CITY CLERK
333 SOUTH GREEN STREET
MCHENRY IL 60050
OR FAX: 815-363-2173
OR E-MAIL: kkunzer@ci.mchenry.il.us**

OFFICE USE ONLY

COUNCIL APPROVAL ON: ___/___/___

NOTIFICATION MADE TO:

- MCHENRY POLICE DEPT.
- MCHENRY PUBLIC WORKS STREET DVN
- MCH TOWNSHIP FIRE PROTECTION DISTRICT
- ADMINISTRATION OFFICE.
- APPLICANT