



2348 S. Brentwood Boulevard
Brentwood, MO 63144
314-962-4800 / fax 314-962-5632
www.brentwoodmo.org

Permit #: _____

Date Issued: _____

BLOCK PARTY REQUEST

Requests for block parties must be sent at least two weeks in advance of the street closure. If approved, portable barricades with "street closed" signs can be provided by the City if available, which applicant will be required to set up just prior to the event and remove promptly after the event. The street closing materials can easily be moved to allow emergency vehicles or residents, if necessary, safely in or out of the affected area.

Requirements of Approval

Please initial all items below to verify your acknowledgement of all requirements:

- _____ All City Ordinances must be observed at all times.
- _____ If music is played and complaints are received, the responsible person agrees to lower volume or cease music at the direction of the Police Department.
- _____ The permit holder is responsible for any damage to City property
- _____ Access shall be open to all fire hydrants, mail boxes or other utilities.
- _____ Emergency vehicles must be able to access the street. Barricades cannot be taped or otherwise tied together. Vehicles may not be used as barricades.
- _____ This permit does not authorize alcoholic beverages to be sold or served on site.

Application Information

Applicant name: _____

Applicant address: _____ Applicant phone #: _____

Email address: _____

Name of street to be closed _____ between _____ and _____
Cross street or address Cross street or address

Event date _____ from _____ am/pm until _____ am/pm

Number of persons to attend: _____

Description of event:

I certify that I agree to follow all requirements set forth by the City of Brentwood. I certify that to the best of my knowledge this application is complete. I further certify that I have read the above regulations that I understand the requirements set forth therein, and that I will comply with the same.

Applicant signature: X _____ Date _____

----- Do not write below this line- For office use only -----

Please sign and forward to the next department. When completed return to the Planning Department.

Police Chief: _____ Date: _____

Fire Chief: _____ Date: _____

Public Works: _____ Date: _____

Returned to Planning Department on: Date: _____