



**APPLICATION
FOR
STREET ACTIVITY PERMIT**

City of Philadelphia
DEPARTMENT OF STREETS
HIGHWAY DIVISION-PERMIT UNIT
940 MUNICIPAL SERVICES BUILDING
15TH STREET & JFK BOULEVARD
PHILADELPHIA, PA 19102
(215) 686-5503

A FEE OF FIVE DOLLARS (\$ 5.00) PER DAY TO BE ENCLOSED WITH THIS APPLICATION. ONE APPLICATION REQUIRED FOR EACH BLOCK.

THIS BLOCK FOR OFFICIAL USE ONLY
DATE RECEIVED: _____ RECEIPT NO.: _____
PAID: CHECK MONEY ORDER

CHECK OR MONEY ORDER ONLY — NO CASH

ATTENTION

A MINIMUM NOTICE OF TWENTY-ONE (21) DAYS IN ADVANCE OF THE EVENT IS NECESSARY TO OBTAIN THE PERMIT. A PETITION SIGNED BY 75% OF RESIDENTS IS REQUIRED FOR APPROVAL. (SEE OTHER SIDE)

WHEN APPROVED, A STREET ACTIVITY PERMIT SHALL BE ISSUED AUTHORIZING THE APPLICANT TO CONDUCT A STREET ACTIVITY. IT IS SUBJECT TO REVOCATION IF THE APPLICANT DOES NOT COMPLY WITH ALL PERTINENT LAWS, RULES AND REGULATIONS, INCLUDING ANY CONDITIONS OR RESTRICTIONS IMPOSED BY THE CITY OF PHILADELPHIA.

APPLICANT'S NAME (APPLICANT MUST RESIDE ON BLOCK BEING CLOSED)(PLEASE PRINT)

DAYTIME PHONE NUMBER:

APPLICANT'S ADDRESS

ZIP CODE

SPONSORING ORGANIZATION (IF ANY)

DAYTIME PHONE NUMBER:

SPONSOR'S ADDRESS:

HUNDRED BLOCK TO BE CLOSED:

WHAT ARE THE NAMES OF THE STREETS AT EACH END OF THE BLOCK:

1.)

2.)

DATE OF EVENT

RAIN DATE:

TIME OF EVENT:

STARTING: _____ AM/PM
AM/PM

ENDING: _____

THE PERMIT WILL NOT BE VALID BEFORE 8:00 A.M. OR AFTER 8:30 P.M..

TROLLEY/BUS ROUTE: IF YES

GIVE ROUTE NUMBER: (IF KNOWN)

POLICE DISTRICT: (IF KNOWN)

NUMBER OF PEOPLE ATTENDING: (IF KNOWN)

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties may be prescribed by law or ordinance.

APPLICANT'S SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

APPROVAL

DENIAL

COMMENTS: (IF REQUIRED)

AUTHORIZED SIGNATURE