

CITY OF FIRCREST
115 Ramsdell Street
Fircrest, WA 98466
253-564-8901, FAX 253-566-0762

Event # _____

BLOCK PARTY PERMIT Application

- Please fill out all the required information completely.
 - Attach a map showing location of event and indications for all streets or portions of streets to be closed.
 - Application shall be submitted to the City Clerk at least **30 days** prior to the date of proposed event.
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PLEASE PRINT OR TYPE

Name of Contact Person _____

Address _____

Phone Number _____

TYPE AND PURPOSE OF EVENT (in detail): _____

LOCATION OF EVENT: _____

DATE & TIME OF EVENT: _____

NUMBER OF PARTICIPANTS: _____

NAME OF STREET (S) TO BE CLOSED OR ALTERED: _____

Proper barricades and signage are required. If barricades are to be used, they must be easily moveable for emergency access. Barricades may be provided from Public Works. Please contact staff at 564-8900 to determine availability. All neighbors are to be notified if street is to be closed.

The following is a checklist relating to any special event held on private or public property, or within a public right-of-way. Please check those items, which apply.

WILL THERE BE ANY:

- OPEN FLAME OR COOKING FACILITY**

If yes, please describe: _____

- ELECTRICAL POWER REQUIREMENTS FOR THE EVENT**

If yes, please describe: _____

- COMPRESSED GAS CYLINDERS**

If yes, please describe: _____

- DUMPSTER WITH CAPACITY OF 1.5 CUBIC FEET OR MORE**

If yes, please describe: _____

- TENTS, CANOPIES OR AWNINGS**

(Fire Code Permits required for tents over 200 sq. ft. & canopies over 400 sq. ft.)

If yes, please describe: _____

- FLOATS** *(Must be constructed of fire-retardant materials)*

If yes, please describe: _____

- TRAILERS, MOTOR HOMES, BOOTHS STAGES OR OTHER PORTABLE STRUCTURES** *(Building Permit may be required)*

If yes, please describe: _____

- TEMPORARY PARKING FACILITIES**

(If Public ROW, Street Closure Permit may be required)

If yes, please describe: _____

- TEMPORARY SIGNAGE** *(Temporary Sign Permit may be required)*

If yes, please describe: _____

- WILL SMOKING BE ALLOWED** *(Non-combustible ash containers required)*

If yes, please describe: _____

READ CAREFULLY AND SIGN

If required by Risk Management, permittee agrees to supply the City Clerk with proof of Commercial General Liability insurance in the amount of \$1,000,000 combined single limits per occurrence, prior to obtaining permit. A copy of the endorsement naming the City as an additional insured must be attached to the Certificate of Insurance. Sponsoring agency agrees to reimburse damage repair to City property.

Permittee agrees to **maintain access for emergency vehicles**. Permittee agrees to **pay for all required services** by City or City-contracted personnel necessary **for security and safety for the duration of the event and cleanup after the event**, even if the permit fee has been waived. All estimated charges are listed below. Payment will be made prior to issuance of the Special Events Permit. If cancellation is necessary and notice to the City is given within 48 hours, fees for City support services will be refunded.

Permittee agrees to **defend, indemnify and save harmless the City, its appointed and elective officers and employees from and against all loss or expense**, including but not limited to judgments, settlements, attorney fees and costs by reason of any and all claims and demands upon the City, its elected or appointed officials or employees for damages because of personal or bodily injury, including death at any time resulting therefrom, sustained by any person or persons and on account of damage to property including loss of use therefrom, arising out of any activity under or in connection with this event, except only such injury as shall have been occasioned by the sole negligence of the City, its appointed or elected officers or employees.

Signature of Applicant: _____ **Date:** _____

CITY REVIEW

City Clerk/Risk Manager: _____ Approved Denied

Comments: _____

Police Department: _____ Approved Denied

Comments: _____

Planning: _____ Approved Denied

Comments: _____

Public Works Department: _____ Approved Denied

Comments: _____

Recreation Department: _____ Approved Denied

Comments: _____

City Manager: _____ Approved Denied

Permit Fee: waived Date: _____ Received By: _____

Date Permit Issued: _____ Fire Dept Notified: _____ Email Attached: _____