**Colorado Springs Fire Department**
**Block Party Permit Application**

***Please return this application to the following address:***

*Division of the Fire Marshal, 375 Printers Parkway,*
*Colorado Springs CO, 80910*

_____ _____
Name of Block Party Representative (Applicant) Today's Date

_____ _____
Street Address City Zip Phone

_____between_____and_____ _____
Street to be closed (include intersecting streets/boundaries of the closure) Date of Party

_____AM/PM _____AM/PM
Start Time End Time

*Applicant:* I certify that I am a resident of the neighborhood in which this block party will be held and that I am at least 21 years of age. I have notified all of the residents who will be affected by the street closure and there are no conflicts. In addition, I certify that the information submitted for this application is true and accurate.

I understand that I must comply with all provision in accordance with the Neighborhood Block Party Program Guidelines and Policies for which this Revocable Permit, granted by the City of Colorado Springs, is issued. Failure to comply with the requirements and conditions will void the block party permit. This permit may be revoked at the discretion of any CSPD or CSFD officer. I understand that I am also required to comply with the Use and Occupancy of Public Property in the Code of the City of Colorado Springs, as amended including the agreement to indemnify the City of Colorado Springs.

_____
Signature of Block Party Representative (Applicant)

☒ OP -OTHER - Other Operational permits not listed

**Provide the following along with this application:**

☐ Notarized Indemnification Clause

☐ Copy of signed contract from a local barricade company

☐ Site plan showing location of party, street names both of those to be closed and adjacent streets and barricade locations

**OFFICE USE ONLY**

| Date of Inspection | Inspector | Permit # |
|---|---|---|
| Date Issued/Expiration Date | Amount | Receipt # |