



The City of Harrisburg

Department of Traffic and Engineering Block Party Permit Application

1002 N 7th Street, Harrisburg, PA 17103
PLEASE PRINT CLEARLY

Name: _____ Today's Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Number of Attendees: _____

Event Date: _____ Start Time: _____ Ending Time: _____

Name of Road to block off: _____

From: _____ To: _____

(Intersections)

Reason: _____

The Applicant is required to provide the attached letter to all Residents and Businesses on the affected street prior to turning in application. Also have each Resident sign the Petition.

For "No Parking" signs, call Harrisburg Parking Enforcement 717-255-3141 no later than four (4) days prior.

****REQUESTING PARTY IS RESPONSIBLE FOR CLEAN-UP FOLLOWING THE EVENT****

By acceptance of this permit, the holder of it shall be bound by all applicable laws and ordinances. The person or persons to whom this permit is issued shall carry this permit on their person during the effective date(s), times, and shall be liable for any loss, damage, or injury sustained by any person or by the City resulting from the activity for which this permit has been issued for this purpose.

***** Form must be received no later than 14 business days prior to event date. *****

***** \$50 Deposit must be paid at time of application (Check or Money Order Only)*****

This permit is not valid unless signed by the Traffic and Engineering Dept. Approved form must be on site during event.

Applicant Signature

For City Use Only

Permit #

Digital Signature / Status Stamp

Approval Signature: _____



The City of Harrisburg

Department of Traffic and Engineering

Dear Resident or Business

The City of Harrisburg Department of Traffic and Engineering has had a request for a Block Party Permit. This will affect vehicle access to your property or parking in the area. Information provided by the applicant is listed below. During the times listed on the application the roadway listed will be closed to traffic. If you wish to make comments to the department regarding this application, please call Veronica Lefever @ 717-255-3040 or email valefever@harrisburgpa.gov

_____ **Application Information:** Provided by Applicant

Applicant Name/Group _____

Event:

Date of Event _____ **Time Start** _____ **End** _____

Street to be closed: _____

From: _____ **To:** _____

