



**CITY OF SOUTH GATE**  
**8650 California Avenue**  
**South Gate, CA 90280-3075**  
**(323) 357-9657**

Block party permit application per **Resolution 7529**

Applications due to Public Works Department at least 30 days prior to block party event

**Application Requirements:**

- Block Party Permit Application
- Block Party Permit Application Processing Fee (non-refundable) per Fee Schedule
- Block Party Petition
- Street closure location map and description

**Required Approval:**

- Public Works Department

**Notifications:**

- Police Department
- Field Operations
- Los Angeles County Fire Department (LACFD)



**BLOCK PARTY PERMIT APPLICATION**

**BLOCK PARTY** – Please allow a least 30 days prior to the block party to allow the City adequate time to issue the required permit per Resolution 7529.

Today's Date: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Event Begins: \_\_\_\_\_ Event Ends: \_\_\_\_\_

Applicant/Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Email address: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Street to be closed \_\_\_\_\_

Addresses to be affected by the Street Closure (from – to) \_\_\_\_\_

Will the Event Encompass the Whole Width of the Street? \_\_\_\_\_

Approximate Number of People Attending: \_\_\_\_\_

Description and Location of Event Equipment to be used: \_\_\_\_\_

Please acknowledge that these will be adhered to:

1. There will be no possession of open container or consumption of alcohol on public property. INITIAL: \_\_\_\_\_
2. The area closed must be re-opened by 10 p.m. unless authorized by permit. INITIAL: \_\_\_\_\_
3. No fee may be collected for attending the event. INITIAL: \_\_\_\_\_

City of South Gate Block Party Permit Application

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4. There shall be no sale of foods, beverages, goods, wares or merchandise during the event for which the street is closed. INITIAL: \_\_\_\_\_
  
5. The applicant agrees to clear all debris and restore the street in an acceptable condition immediately following the event. INITIAL: \_\_\_\_\_
  
6. The applicant agrees to comply with all Federal, State and local laws and to be responsible for the orderly conduct of those in attendance. INITIAL: \_\_\_\_\_
  
7. The applicant agrees to close the street in a form acceptable by the Director of Public Works and remove closure equipment including barricades and other traffic control devices upon conclusion of the Block Party. The estimated cost is \$400. Should the applicant desire the City to perform the street closure, the applicant shall pay all costs associated with the street closure at the time of the permit issuance. INITIAL: \_\_\_\_\_

**Additional Information Required:**

- Processing fee for Block Party Permit. The permit processing fee per fee schedule or as established by Resolution of City Council.
  
- Street diagram (including a description of how the applicant requests the streets to be blocked off, including the number and location of barricades). Applicant understands that the final decision as to the number and location of barricades and other traffic control devices will be made by the City.
  
- Signature of approval of affected residents (for each residential unit) and business (for each business) fronting the area to be closed in connection with the street closure. A minimum of sixty percent (60%) approval from such household is required in order to approve the application.

I HEREBY STATE THAT THE ABOVE STATEMENTS AND ANSWERS CONTAINED HEREIN ARE IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I FURTHER STATE THAT I HAVE READ AND I UNDERSTAND THE RULES AND REGULATIONS AND, IN THE EVENT THE PERMIT IS GRANTED, I WILL COMPLY IN ALL RESPECTS TO THE REGULATIONS THEREIN.

BY SIGNING THIS APPLICATION, APPLICANT AGREES TO COMPLY WITH ALL FEDERAL, STATE AND LOCAL LAWS AND TO BE RESPONSIBLE FOR THE ORDERLY CONDUCT OF THOSE IN ATTENDANCE. FURTHERMORE, APPLICANT AS A CONDITION OF ISSUANCE OF THE PERMIT SHALL AGREE TO HOLD THE CITY FREE AND HARMLESS FROM LIABILITY TO ANY PERSONS FOR PERSONAL INJURIES OR DAMAGE OR LOSS OF PROPERTY OCCURRING DURING TEMPORARY CLOSURE OF THE STREET AND TO DEFEND THE CITY FROM ALL CLAIMS OR LOSSES ARISING THEREFROM.

\_\_\_\_\_  
Signature of Applicant or other  
Authorized Representative

City of South Gate Block Party Permit Application

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**Do Not Write Below This Line (For City Use Only):**

Received by: \_\_\_\_\_ INITIAL: \_\_\_\_\_ Date: \_\_\_\_\_

Received street diagram and area description: \_\_\_\_\_ INITIAL: \_\_\_\_\_ Date: \_\_\_\_\_

Received application petition: \_\_\_\_\_ INITIAL: \_\_\_\_\_ Date: \_\_\_\_\_

Received processing fee per fee schedule: \_\_\_\_\_ INITIAL: \_\_\_\_\_ Date: \_\_\_\_\_

Code Enforcement Division clearance: \_\_\_\_\_ INITIAL: \_\_\_\_\_ Date: \_\_\_\_\_

Business License clearance: \_\_\_\_\_ INITIAL: \_\_\_\_\_ Date: \_\_\_\_\_

Field Operation Manager or his designee recommended approval: INITIAL: \_\_\_\_\_ Date: \_\_\_\_\_

Police Department recommended approval: \_\_\_\_\_ INITIAL: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Public Works or his designee approval: \_\_\_\_\_ INITIAL: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Public Works or his designee denial: \_\_\_\_\_ INITIAL: \_\_\_\_\_ Date: \_\_\_\_\_

Provided notification to Los Angeles County Fire Department: \_\_ INITIAL: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for denial: \_\_\_\_\_ INITIAL: \_\_\_\_\_ Date: \_\_\_\_\_

Permit issued to applicant: \_\_\_\_\_ INITIAL: \_\_\_\_\_ Date: \_\_\_\_\_

Make 1 Copy: Original – File Copy, Copy 1 – Applicant

**CITY OF SOUTH GATE  
BLOCK PARTY PETITION**

Applicant/Responsible party: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Purpose of event: \_\_\_\_\_

Street to be closed \_\_\_\_\_

Addresses to be affected by the street closure (from – to) \_\_\_\_\_

AN ADULT MEMBER OF EACH HOUSEHOLD AFFECTED BY THE PROPOSED CLOSURE IS REQUIRED TO SIGN THIS SIGNATURE SHEET. A SIGNATURE WILL REPRESENT APPROVAL FOR THE PROPOSED BLOCK PARTY. A MINIMUM OF SIXTY PERCENT (60%) APPROVAL FROM SUCH HOUSEHOLD IS REQUIRED IN ORDER TO APPROVE THE APPLICATION.

	<b>Print Name Legibly</b>	<b>Address</b>	<b>Phone Number</b>	<b>Signature</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
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<b>13</b>				
<b>14</b>				
<b>15</b>				

Use reverse side for additional signatures

By signing this application, applicant agrees to comply with all Federal, State and local laws and to be responsible for the orderly conduct of those in attendance.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_