



City of Grapevine

Block Party and Street Closure Permit Application

Date of Event: **Start:** _____ **End:** _____

Time of Event: **Start:** _____ **End:** _____

Purpose of Street Closure: _____

Contact Person: _____

Telephone #: _____

Address: _____

Streets to be Closed: _____

Location to deliver barricades to: _____

Please attached a map of the location for this event and indicate exactly where you propose to place the barricades and what section of the street you wish to block. Upon receipt of an approved permit you will be authorized to block the street as indicated on the permit. At no time shall the street be blocked to the extent that an emergency vehicle cannot travel the blocked street in the event of an emergency.

Required Signatures:

Fire Department, Fire Prevention Division:

Approved: Yes No Signature: _____

Police Department, Traffic Division:

Approved: Yes No Signature: _____

Public Works, Traffic Division:

Approved: Yes No Signature: _____