



Lower Township
2600 Bayshore Rd.
Villas, NJ 08251
609-886-2005

REQUEST TO CLOSE STREET

Applicant requests to temporarily close _____ (Street name)
from _____ (St. Name) to _____ (St. Name)

Date: _____ from _____ am/pm til _____ am/pm

1. The rights of ALL affected residents will be respected. That is, residents inside the closure area who did not request the street closure and any other resident living within the closed area who feel that they must either leave or enter during the time of closure will be allowed to do so. **The Township requires approval of at least 80% of the residents who will be affected.**
2. To ensure barricades are available, residents must submit the block party request form to Township Hall at least ten (10) business days in advance of the event. If the request is submitted less than ten (10) business days before the event, the barricades will be available on a first-come, first-serve basis.
3. Residents are responsible for setting up and taking down the barricades that will be delivered to the points of closure by Township Public Works personnel at the close of normal working hours on the day closest to the date of the event. Township personnel will pick up the barricades from the same points on the next working day after the event.
4. The barricades will be emplaced only during the hours specified for closure in the request to the Township, normally four hours, but not to exceed eight hours.
5. Nothing in this permit should be construed to be an exception to any law, including laws regarding alcohol consumption, public drunkenness or unnecessary noise.
6. Emergency vehicles will be allowed IMMEDIATE access to the closed area.

I have read and agree to the above stated conditions.

Applicant's Signature

I spoke to all neighbors affected by this and have received approval from at least 80% _____ (initial)

Applicant's Name, Address and Phone #

Township Manager

Date

LTPD

Date

DPW

Date