

City of Cascade

320 1st Ave W Cascade, IA 52033 Tel: 563-852-3114 Fax: 563-852-7554

Email: clerk@citycascade.com

FORM FOR A PERMIT TO CLOSE A ROAD TO HOLD A BLOCK PARTY OR SPECIAL EVENT

Date of Application:					
Please note: A block party or special street prior to 7:00 A.M. or past 11:	•		, , , , , , , , , , , , , , , , , , , ,	ny	
Applicant Information:					
Applicant Name/Group Name:					
Main Contact Person:				-	
Address:		Telephone No.:			
City:	State:	Zip Code:			
Email Address:				-	
Contacts During Event					
Name:		Telephone No:			
Name:	Telephone No:				
Event Location (i.e., State Street from	m 1100 N. to 119	9 N.)			
Street:	From:	T	o:	-	
Street:	From:	To):	<u>-</u>	
Purpose of Closure:				-	
What is the date of the event:		Start Time:	End Time:	•	
Times to Set up:		Clean up:			
Rain Date/Time:					

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What type of equipment will be	e used/	placed on City	property during th	e event?	
Sound System			Electric Equipment		
Platform/Stage		Table & chairs			
Cooking Apparatuses		Tents (Dimensions)			
Other					
	Yes	No			
Barricades Needed?					
All Neighbors Notified?					
Request for Police Presence?					
If Yes please explain the reques	st for th	e Police Depa	rtment:		
					_
If this is a Run or Walk a map o	f the en	itire route mu	ist be submitted.		
Applicant Signature:				_	
_					
Date:				_	
					_
BELOW FOR OFFICE USE ONLY					
Signature of Director of Public	Works			Date	
Signature of Police Chief				Date	-
Signature of City Administrato	r			Date	_
Copy to Applicant on					