

## POLICY 200-24 Schedule "A" **Block Party Application**

Applicant Name:		
Address:		
Phone Number: Home: Ce	ell:	
Road(s) to be Temporarily Closed (attach a map):		
Date of the Event:		
Start time: Finish (not later the	an 9:00 p.m.):	
Hold Harmless Agreement Provided: Yes No Date provided:		
Petition/Notification of Properties Provided:		
➢ 80% of affected neighbours show support: □Yes □ No		

I/We hereby undertake and agree to at all times, save harmless and indemnify and keep the Township indemnified against and be responsible for all claims, demands, actions, suits or other legal proceedings by whomsoever made or brought against the Township in respect of any loss, damage or injury to any person or property arising directly or indirectly out of or as a result of the Township issuing this permit or the use of any of the Township's streets.

I/We hereby undertake and agree to follow all requirements and responsibilities as outlined in the Block Party Policy.

Signature of Applicant: \_\_\_\_\_ Date:

This permit is issued solely for the locations herein specified and is subject to the applicant complying with all applicable regulations and by-laws and the terms set out in accordance with the permit. It shall be subject to cancellation at any time without advance notice if in the opinion of the Township Clerk the applicant has failed to comply with any of the provisions of the governing by-laws and policy.

For Office Use	
By-law Enforcement: Approved   YES  NO Date:	Comments:
Corporate Services: Approved   YES  NO Date:	Comments:
Fire Department: Approved   YES  NO Date:	Comments:
Public Works: Approved  VES  NO Date:	Comments:
Recreation: Approved   YES  NO Date:	Comments:
Ward Councillor: Approved	Comments:

Permit Approved: Yes No Signature of Township Clerk:

Personal information on this form is collected under the authority of the Municipal Act. The information on this form will be used by the Township to administer approval under the Block Party Policy. Questions about this collection of personal information should be directed to the Director of Corporate Services/Clerk, Township of Zorra.