



**BLOCK PARTY APPLICATION**  
(Allow a minimum of 10 working days to process)

Newberg-Dundee Police Department  
401 E. Third Street, Newberg, OR 97132  
(503) 538-8321

**Fee:**           none          

Pursuant to Ordinance No. 2.15.470. of the City of Newberg, a permit is required of any person placing or maintaining any structure in any right-of-way of the street, sidewalk, park strip, or alley within the corporate limits of the City of Newberg.

The applicant shall be responsible for maintaining barricades, keeping fire lanes open, and properly parking cars. The applicant shall be responsible for removing all barricades after the party and cleaning up all trash from the right-of-way at the end of the party. Clean-up by the Public Works crew the following morning will be at the applicant's expense.

Please note: Use of amplifying devices during a block party requires a separate Sound Permit.  
Permits for broadcast or amplification of sound expire at 10:00 p.m.

**ALL AFFECTED RESIDENTS MUST SIGN THE BACK OF THIS APPLICATION OR SUBMIT LETTERS OF CONSENT. Incomplete or missing information may delay the approval process.**

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS (street,city,zipcode): \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

LOCATION OF STREET TO BE CLOSED FOR BLOCK PARTY USE (provide sketch on back side of this form) :  
\_\_\_\_\_

DATE OF BLOCK PARTY: \_\_\_\_\_ TIME: \_\_\_\_\_ to \_\_\_\_\_

The above statements and information herein contained are in all respects true, complete and correct to the best of my knowledge and belief. Tentative plans must substantially conform to all standards, regulations and procedures officially adopted by the City of Newberg.

\_\_\_\_\_  
Applicant Signature

**FOR CITY OF NEWBERG USE ONLY**

License no.: \_\_\_\_\_

- sketch of proposed street closures       sketch of areas to be occupied       signatures of all affected residents

Routing (comments/conditions):

P.D. \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Fire \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Eng. \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

P.D.  approved  denied signature \_\_\_\_\_ date \_\_\_\_\_

