



**NORTH
ST. PAUL**
extraordinary.

COMMUNITY DEVELOPMENT DEPARTMENT

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BLOCK PARTY APPLICATION

Applicant's Name: _____ Phone: _____

Applicant's Address: _____ Email: _____

Block Party Location: _____

Date of Party: _____ Start Time: _____ End Time: _____

****Would you like your group to have a North St. Paul Police Officer _____ and/or Firefighter _____ visit your party?**

If yes, requested time of visit: _____

****Do you need barricades to block off the street?** YES _____ NO _____

If yes, address where barricades are to be delivered: _____

NEIGHBORHOOD CONSIDERATIONS

Does anyone object to the block party? YES _____ NO _____

If yes, please explain: _____

CLEAN UP

Who will be responsible for clean up after the party?

Name: _____

Address: _____ Phone: _____

APPLICANT SIGNATURE: X _____

For office use only

Received by: _____ Date Received: _____ Routed to: Police _____ Fire _____ Public Works _____

Comments: _____
