



**EAST BUFFALO TOWNSHIP**  
**589 FAIRGROUND ROAD, SUITE 1**  
**LEWISBURG, PA 17837**  
**PHONE 570.523.6320**  
**www.ebtwp.org**



**Block Party and Street Closure Application**

Street and Closures must be approved by East Buffalo Township

Applicant Name (Print): \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (Day) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: (Evening) \_\_\_\_\_

Date of Closure: \_\_\_\_\_ Time: (From) \_\_\_\_\_ (To) \_\_\_\_\_

Purpose of Closure: \_\_\_\_\_

Specific Street(s) to be closed (please include intersections): \_\_\_\_\_

Description of entertainment that will be present: \_\_\_\_\_

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- ***IT IS THE RESPONSIBILITY OF THE APPLICANT to provide notification to the Fire Department, the Police Department and the Central Susquehanna Regional 911 Center of date and time of road closure. APPLICANT MUST PROVIDE TOWNSHIP LETTER OF COMFORMATION NOTICES.***
  - It is the responsibility of the applicant to provide the Township with a Certificate of Insurance for a liability insurance policy in the amount of \$1,000,000.00 per occurrence and an aggregate amount of \$2,000,000.00, naming the Township as an additional insured at least 14 days prior to the date of the street closure.
  - **It is the responsibility of the applicant to notify all neighbors affected by the street closure.**
  - ***It is the responsibility of the applicant to clean up after the event.***
  - Block parties must follow the East Buffalo Township Noise Ordinance (Chapter 10, Part 6) with hours from 7:00 AM to 10:00 PM.
  - East Buffalo Township will provide barricades or cones and signage to be placed by applicants at the start of the Block Party at all points where the street is closed. It will be the applicant's responsibility to remove the barriers or cones and signage at the conclusion of the event and place them within the right-of way off the paved roadway.

Desired Barrier drop-off location: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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**Official use only:**

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date

Certificate of Insurance Received: \_\_\_\_\_

Emergency Services Notified: \_\_\_\_\_

Confirmation Letter Sent: \_\_\_\_\_ **\$50.00 Application Fee** Received: CK# \_\_\_\_\_ Date \_\_\_\_\_