BLOCK PARTY PERMIT
APPLICATION AND INSTRUCTIONS

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION UPON INITIAL SUBMITTAL. PLEASE ALLOW TEN BUSINESS DAYS FOR PROCESSING.

1. Filing fee $ 40

2. Application

3. Plot plan
   A. Area of street closure with barricade plan (Applicant to provide temporary barricades at their own expense).
   B. Adjacent cross streets
   C. Location of entertainment, structures, games, booths, etc. (must maintain twenty (20) foot clearance for fire department access).
   D. Access for affected homeowner/tenants not approving of permit

4. Permission list signed by all affected homeowners/tenants. If permission cannot be obtained from a homeowner/tenant note on plot plan and allow for access of the resident and/or guests of the resident.

***Block parties shall be limited primarily to residents of the block party street and adjacent street residents.***

FOR ASSISTANCE AND INFORMATION REGARDING BLOCK PARTY PERMITS, PLEASE CALL THE COMMUNITY DEVELOPMENT DEPARTMENT, PLANNING DIVISION AT (805) 449-2323.
CITY OF THOUSAND OAKS
COMMUNITY DEVELOPMENT DEPARTMENT
BLOCK PARTY PERMIT APPLICATION

Location of block party: _______________________________________________________

Name of applicant: ___________________________ Date: ______________________

Address: __________________________________________ Phone: _____________

Name of additional committee member: _____________ Phone: ________________

Date of event: ____________ Between ___________ a.m./p.m through ______ a.m./p.m

Approximate number of attendees: __________________________

Total number of households affected: __________________________

Total number approving: ____________ Total number not approving: ____________

Will persons from outside the neighborhood be attending: ☐ Yes ☐ No

If yes, estimated number: ______

Note: Block party is limited to primarily neighborhood residents.

Type of entertainment, if any (please specify live entertainment, amplified music, etc.):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Will alcohol be served: ☐ Yes ☐ No

________________________________________________________________________

FOR STAFF USE ONLY

☐ Approved (Conditions Attached) Permit Number: _________________________

☐ Declined, Reason(s)_____________________________________________________

☐ Community Development Signature: __________________ Date: ______________