



# BOROUGH OF WEST READING

500 Chestnut Street, West Reading PA 19611

(610) 374-8273 Fax: (610) 374-8419

www.westreadingborough.com

## Street Closure Application

(Excludes SR 422, Fifth Avenue & Museum Road)

**A fee of \$25 per block, per day is to be enclosed with this application (check or money order only).**

**Important Notice:** Permit will not be issued without payment. For events which require Borough services, the application is due 14 days prior to the event. Applications that are not received within the noted time above will be assessed a \$30.00 late fee. *Applications will not be accepted less than five business days prior to your event.*

Applicant must be a Borough resident or business owner over the age of 21 years (photo identification is required).

**A completed application and petition form signed by 75% of all occupied properties (including businesses) shall be submitted for each block to be closed.**

When approved, this application for a street activity permit shall authorize the applicant to conduct a street activity as described below. It is subject to revocation if the applicant does not comply with all pertinent laws, rules and regulations, including any conditions or restrictions imposed by the Borough of West Reading.

Applicant's Name:	Address:
Phone No:	Email:
Sponsoring Organization: (if applicable)	Address:
Phone No:	Email:

Which Street(s) will be Closed? _____ Block(s) of _____ Between _____ and _____	
Date of Event: _____	Rain Date: _____
Event Start Time: _____	Event End Time: _____
Closure to Start at: _____	Street Re-Opened at: _____

Briefly Describe the Proposed Event: _____ Estimated Number of People Attending: _____	
<b>Does the Street Have:</b> Bus Route <input type="checkbox"/> Yes <input type="checkbox"/> No Public Garage/Parking Lot <input type="checkbox"/> Yes <input type="checkbox"/> No Hospital/Nursing Home <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Will There Be:</b> Food Sold <input type="checkbox"/> Yes <input type="checkbox"/> No Merchandise Sold <input type="checkbox"/> Yes <input type="checkbox"/> No Sound/Music System <input type="checkbox"/> Yes <input type="checkbox"/> No Trash Pickup Required <input type="checkbox"/> Yes <input type="checkbox"/> No No Parking Signs Required <input type="checkbox"/> Yes <input type="checkbox"/> No (signs are obtained at the Police Department and posted 24 hours in advance)

**I Hereby Certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by the law or ordinance.**

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

### Official Use Only – Do Not Write Below

<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ <b>Borough Manager</b> Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ <b>Police Department</b> Date _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ <b>Public Works Department</b> Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ <b>Mayor</b> Date _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ <b>Fire Department</b> Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ <b>Recreation Department</b> Date _____

<p align="center"><b>Signatures and Addresses of All Petitioners</b></p> <p align="center"><b>One Adult Signature per Household from 75% of Residents Living on the Block is Required for Approval</b></p> <p align="center"><b>(Use additional sheets if necessary)</b></p>					
<p align="center"><b>Please Review Date and Time listed on Page 1 of Application PRIOR to Signing this Petition</b></p>					
<p align="center"><b>We agree to be Responsible for all Injuries to Persons or Damage to Property</b></p>					
Number of Houses on Block		Number of Vacant Houses on Block		Number of Signatures	
<p align="center"><b>Please Print and Sign Legibly when Completing Information Below</b></p>					
<b>First &amp; Last Name</b>	<b>Signature</b>	<b>Address</b>	<b>First &amp; Last Name</b>	<b>Signature</b>	<b>Address</b>
1.			42.		
2.			43.		
3.			44.		
4.			45.		
5.			46.		
6.			47.		
7.			48.		
8.			49.		
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23.			63.		
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25.			65.		
26.			66.		
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39.			79.		
40.			80.		
41.			81.		