



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: The application is due at least 40 days prior to the event to ensure timely approval. A permit will not be issued without payment. The 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.

Upon approval, this application for a street activity permit shall authorize the applicant to conduct the street activity 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: _____ *Entertainment will consist of:* _____

Does the Street Have: 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	Will There Be: 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 <small>(Signs are obtained at the Police Department and posted 24 hours in advance).</small>
--	---

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

Signatures and Addresses of All Petitioners
One Adult Signature per Household from 75% of Residents Living on the Block is Required for Approval
(Use additional sheets if necessary)

Please review the date and time listed on Page 1 of the Application PRIOR to signing this Petition.

Number of Houses on Block _____ Number of Vacant Houses on Block _____ Number of Signatures _____

Please print and sign legibly when completing the information below

First & Last Name	Address	Signature	Phone #	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				