



Block Party Rules and Conditions

1. The closure of a street for block parties should pertain only to local residential streets.
2. No street shall be closed for a block party more than once in a three-month period.
3. You must provide your own barricades for the event. You may not use vehicles, picnic benches, chairs or anything other than A-frame barricades. Three City-endorsed barricade vendors are listed below:
 - Bj's Rentals: 2665 Main St., Chula Vista, Ca. 91911, 619-423-7000
 - Bj's Rentals: 317 K St., Chula Vista, Ca. 91911, 619-426-1912
 - United Rentals: 501 C St., Chula Vista, Ca. 91910, 619-422-1106
4. The closure point of intersections and cul-de-sacs must be kept clear of tables or anything other than the barricades in order to allow easy access for emergency vehicles, if necessary.
5. Adult supervision must be provided at all times.
6. All activities and games are to be conducted at your own risk.
7. Noise levels to be kept within City of Chula Vista code limits or party will be shut down.
8. Clean-up shall be the responsibility of the applicant.
9. The City of Chula Vista encourages the use of recycling receptacles for cans/bottles, paper and cardboard.
10. Approval will be subject to all other City ordinances and governmental restrictions.
11. Applicants and all event participants must comply with all other applicable city, county, state and federal regulations.
12. Applications may be obtained from and submitted to: City of Chula Vista, Office of Communications, 276 Fourth Avenue, Chula Vista, CA 91910, Phone (619) 691-5296.
13. Signatures from 80% of all households within the party area indicating their consent must be submitted with the application (use attached Page 3 Signature Authorization Form – make additional copies as needed).
14. Applications must be submitted at least 15 working days prior to the event.
15. As of January 1, 2011, a non-refundable \$50 Block Party Application Fee must be paid at the time of application submittal. Applicant can pay by check (payable to 'City of Chula Vista'), cash or credit card at the City's Finance Department, Mon.-Thurs. 10 a.m. – 4 p.m. Applicant can also send a check by mail to: City of Chula Vista, Finance Department, 276 Fourth Ave, Chula Vista, CA 91910; please write 'Block Party' and the applicant's last name in the memo section of your check, i.e. 'Block Party – Smith'.
16. Incomplete or improperly completed applications will not be processed.
17. Applications will be routed to both the Fire and Police Departments for approval.
18. You will receive approval/denial notification via U.S. mail at least one week prior to the event. This notice will be your permit.
19. If your application is denied, you may appeal the decision to the City Council at the next regularly scheduled Council meeting.
20. Please keep a copy of this application for your records.

Reference: City of Chula Vista Council Policy #102-04

-- Please keep these rules for your reference --

Special Event – Block Party Permit Application



Block Party applications must be submitted 15 business days prior to the event

Date of Block Party:	Day:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Location of Block Party (Street Name and from house # _____ to house # _____):								
Number of homes involved:					Number of Participants Expected:			
Actual Event Hours: _____ am/pm to _____ am/pm (10:00 pm latest)								
If this event is an evening event, please state how the event and surrounding area will be illuminated to ensure safety of the participants:								
Has this section of your street been closed for a block party within the last 3 months? Yes _____ No _____								

Applicant Information		
Applicant (Name):	e-mail address:	
Address:		
Daytime Phone: (__) _____	Evening Phone: (__) _____	Fax: (__) _____
*Contact Person “on-site” day of the event:		Pager/Cellular: (__) _____
*Note: THIS PERSON MUST BE IN ATTENDANCE FOR THE DURATION OF THE EVENT AND IMMEDIATELY AVAILABLE TO CITY OFFICIALS.		

I have read and understand the Block Party Rules (pg. 3 of this application) _____
Signature

Submit to: City of Chula Vista – Office of Communications • 276 Fourth Ave. Chula Vista CA 91910

Do not write below this line

For City Use Only

Fire Department Approval: Yes ___ No ___

Police Department Approval: Yes ___ No ___

Signature: _____

Signature: _____

Date: _____

Date: _____

EVENT ORGANIZER/GROUP
WAIVER AND RELEASE OF LIABILITY

EVENT ORGANIZER/GROUP NAME: _____

EVENT NAME: _____

EVENT LOCATION: _____

EVENT DATE(S): _____

ON BEHALF OF THE ABOVE EVENT/GROUP, I expressly **WAIVE, RELEASE** and **DISCHARGE** the City of Chula Vista, its officers, agents, and employees or any other person from any and all **LIABILITY** for any death, disability, personal injury, property damage, property theft or actions, including any alleged or actual negligent act or omissions, regardless of whether such act or omission is active or passive which may accrue to myself or members of my organization/group or our heirs in connection with our participation in the above-described event. I full understand and acknowledge that the **CITY OF CHULA VISTA** is relying on my representation that I have authorization to sign this document and that I will provide all members of my group a completed copy of this Waiver prior to our participation.

I expressly **INDEMNIFY AND HOLD HARMLESS** the City of Chula Vista, its elected and appointed officers, agents and employees from any and all liabilities or claims made by me or my organization/group, my/our heirs and any other individuals or entities as a result of any of my/our actions in connection with my/our participation in this event except for those claims arising from the sole negligence or sole willful conduct of the City, its officers, employees, volunteers or other representatives. Such indemnification includes liability settlements, damage awards, costs and attorney fees associated with any such claims.

I hereby certify that I have read this document, understand its content, and am authorized to sign this document on behalf of all members of the event/group I represent.

DATE: _____

SIGNATURE: _____

NAME: _____

(Please Print)

TITLE: _____

ADDRESS: _____
