

Community Development Department

1208 S. Lundstrom

Airway Heights, WA 99001

Tel 509-244-2552 * Fax 509-244-4746 * Cell 509-844-8720

Web Site www.cawh.org * E-mail tlien@cawh.org



Block Party Permit

At the direction of the Airway Heights City Council, the City Manager has authorized the Community Development Division to issue block party permits to city residents, provided that certain conditions are met. These conditions have been established to ensure the safety of our community members, as well as to prevent excessive inconvenience to neighboring residents and businesses. The block party rules and conditions are attached, as is a Block Party Permit Application.

Please complete the Block Party Permit Application form, and submit it to the Community Development Division at least **15 business days prior to the requested date**. Permit requests may be submitted in person or by mail. Note - only applications with original signatures will be accepted, so block party applications cannot be accepted electronically or by fax.

The Community Development Division is located at:

13120 W. 13th Ave.
Airway Heights, WA 99001

If you have any questions about this process or about the permit application form, please direct email to: commdevdir@city-of-airway-heights.org or call the office at 509-244-2552.

The Community Development Division will approve or deny the permit application and inform you of that decision at least 5 business days prior to the scheduled date of your event.

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. Barricades for the event may be obtained, if they are available, by calling our Public Works Department at (509) 244-5429, one week prior to the event so Public Works staff can arrange drop off details with you. If barricades are unavailable, you must provide your own. You may not use vehicles, picnic benches, chairs or anything other than A-frame barricades. After the event, please call (509) 244-5429 to arrange for return of the barricades. If they are not returned, you will be billed for them at a cost of \$25 each.
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 Airway Heights code limits or party will be shut down.
8. Clean-up shall be the responsibility of the applicant.
9. The City of Airway Heights 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 Airway Heights, Community Development Division Office, 1208 South Lundstrom Street, Airway Heights, WA 99001, Phone (509) 244-2552.
13. Signatures from 80% of all households within the party area indicating their consent must be submitted with the application (use attached Signature Authorization Form – make additional copies as needed).
14. Applications must be submitted at least 15 working days prior to the event.
15. Incomplete or improperly completed applications will not be processed.
16. Applications will be routed to both the Fire and Police Departments for approval.
17. You will receive approval/denial notification via U.S. mail at least one week prior to the event. This notice will be your permit.
18. If your application is denied, you may appeal the decision to the City Council at the next regularly scheduled Council meeting.
19. A non-refundable fee as determined by the most recently adopted City fee resolution will be charged for a Block Party Permit.
20. Please keep a copy of this application for your records.

-- Please keep these rules for your reference --

**Special Event - Block Party Permit
Signature Authorization Form**

Street Name: _____
 Date of Block Party: _____ from: _____ am/pm to _____ am/pm

| House # | Name (Please Print) | Signature | Approval | | Why (if disapproving) |
|---------|---------------------|-----------|----------|-----|-----------------------|
| | | | Yes | No | |
| _____ | _____ | _____ | ___ | ___ | _____ |
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Please submit this signature authorization form, the completed application and liability waiver to:
 City of Airway Heights
 Community Development Division
 13120 W. 13th Ave.
 Airway Heights, WA 99001
 Tel (509) 244-2552

**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 Tue Wed Thu 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 Airway Heights, Community Development Division Office, 13120 W. 13th Ave.,
Airway Heights, WA 99001**

Do not write below this line

For City Use Only

Fire Department Approval: Yes ___ No ___ Police Department Approval: Yes ___ No ___

Signature: _____ Signature: _____

Date: _____ Date: _____

Communications Staff: If approved, fax a copy of this page to the Public Works Center, 397-6259, and provide a copy of this approved application to both Fire and Police.

**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 Airway Heights, 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 fully understand and acknowledge that the City of Airway Heights 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 Airway Heights, 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: _____

Please submit this liability waiver form and the completed application and signature page to:

City of Airway Heights
Community Development Division
13120 W. 13th Ave.
Airway Heights, WA 99001
Tel (509) 244-2552