



# SPECIAL ACTIVITY PERMITS DIVISION – ENCROACHMENT PETITION

**Name of Person or Organization Circulating Petition:**

\_\_\_\_\_

**Name of event:**

\_\_\_\_\_

**I / My organization request your approval to encroach upon the block(s) of:**

\_\_\_\_\_

\_\_\_\_\_

on \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_  
Day Date Time Time

**As required by the Special Activity Permits Division, I agree to install street barricades for the event, to clean the area after the event, to reimburse the City for any expenses that may have incurred as a result of the event, and to comply with any other conditions that are set forth in the permit to hold this event. I agree to take this Petition to each resident or business on the target block or give reason why resident or business was not contacted.**

\_\_\_\_\_

*Signature of Person Circulating Petition*

**Date**

**Resident or Business:** If you approve of the proposed encroachment, please sign below and include your telephone number.

	<b>Address #</b>	<b>Name of Resident or business (or reason not contacted)</b>	<b>Telephone #</b>
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	<b>Address #</b>	<b>Name of Resident or business (or reason not contacted)</b>	<b>Telephone #</b>
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