



# BLOCK PARTY SPECIAL EVENT PERMIT APPLICATION

Planning Building & Transportation  
2263 Santa Clara Ave., Rm. 190  
Alameda, CA 94501-4477  
510.747.6800 • TDD: 510.522.7538  
[Permit Center Information](#)

**Allow five (5) business days to process permit** - A Block Party is a type of Special Event, which uses a portion of the public street for the purpose of celebrating a special event or holiday. The City of Alameda requires a permit for the closure and use of public streets for block parties. Block Party Permits enable the City of Alameda to provide for the safety of participants, to protect property, and to coordinate the provision of municipal services. Block parties must be conducted in accordance with the requirements on the back page.

1. Location of block closure (Street Name): \_\_\_\_\_

2. Day of the week: \_\_\_\_\_ Activity Date: \_\_\_\_\_

3. Beginning time: \_\_\_\_\_ a.m./p.m. End time: \_\_\_\_\_ a.m./p.m.

4. Activity Description: \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
Applicant Name (Person in charge of event) Phone (day) Email

\_\_\_\_\_ Address City/State Zip

6. Estimate the number of participants: \_\_\_\_\_

7. Check applicable items for the Block Party:

- |  |   |
|--|---|
| <input type="checkbox"/> Barbeque/Cooking                      | <input type="checkbox"/> Live Music                           |
| <input type="checkbox"/> # of Inflatables/Jump houses _____    | <input type="checkbox"/> Amplified Sound: # of Speakers _____ |
| <input type="checkbox"/> Generators/Extension Cords            | <input type="checkbox"/> Alcoholic beverages                  |
| <input type="checkbox"/> # of Portable Restrooms _____         | <input type="checkbox"/> # of Live Animals _____              |
| <input type="checkbox"/> Est. # of Tables _____ / Chairs _____ | <input type="checkbox"/> Oversized vehicles                   |

I declare that I am authorized to submit this application and that to the best of my knowledge and belief, all of the information given herein is true, accurate, and complete. Applicant further acknowledges the Conditions of Approval as they apply to this permit and agrees to fully comply with them.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMIT NOT VALID WITHOUT CITY STAMP**

Please keep this permit at the Block Party site and present it to City of Alameda representatives upon request.

**Approval Stamp:**

## **BLOCK PARTY PERMIT CONDITIONS OF APPROVAL**

These conditions of approval shall apply to all temporary local street closures for block parties or similar activity:

1. Applicant(s) agree to abide by all applicable provisions of the City of Alameda's Municipal Code.
2. Applicant(s) understand and agree to comply with all **Special Conditions** as may be required by individual City departments after review of this application.
3. Any onsite instructions given by a police officer, firefighter, or other emergency response personnel shall take precedence over the privileges and obligations granted under this Permit.
4. Applicant(s) understand and agree the proposed activity shall occur on the day and time as specified on the application.
5. Applicant(s) understand and agree the number of participants in the proposed activity shall be restricted to that stated on the application.
6. Applicant(s) understand and agree the proposed activity shall be restricted to the location as submitted with the application.
7. Applicant(s) understand and agree that any temporary wiring shall comply with Article 590 of the 2013 California Electrical Code.

### **Traffic Control**

8. Applicant(s) understand and agree to comply with the City of Alameda Standard Traffic Control Plans for Block Parties, which includes instructions on how to setup traffic control signage on streets and intersections.
9. Applicant(s) understand and agree that use of said public street will be restricted to those purpose(s) stated on the application.
10. Applicant(s) understand and agree that residents abutting the closure shall have pedestrian and vehicular access to their properties at all times.
11. Applicant(s) understand and agree the movement of emergency vehicles shall have priority at all times.
12. Applicant(s) agrees to obey all traffic laws applied to the proposed activity as determined by the City of Alameda.
13. Applicant(s) understand and agree that any equipment and lighting used for the proposed activity will not obstruct vehicular traffic.
14. Applicant(s) understand and agree to provide security and traffic control personnel as needed.

**Fire Department Requirements (510-337-2120):**

15. All barricades must be movable by one or two persons.
16. FIRE LANE: A 20-foot wide emergency access lane shall be maintained at all times.
17. FIRE HYDRANTS must be kept clear of all obstacles and be accessible to the Fire Department.
18. No open fires are allowed except for Barbeques. A State Fire Marshal certified fire extinguisher (minimum 2A.10BC) or a charged garden hose must be available in the cooking area.
19. FIREWORKS: The use of fireworks is prohibited by law within the City of Alameda.



**Garbage and Recycling**

20. Applicant is responsible for the cleanup of all litter and debris associated with this event and must ensure availability of sufficient garbage, recycling, and compost receptacles.
21. Applicant must ensure that polystyrene foam (aka Styrofoam) food service ware is not used at the event. Disposable plastic utensils are not recyclable and should be avoided if possible. While reusable plates and cups are best, use paper plates and cups that are compostable. For more information call Environmental Services staff at (510) 747-7930.
22. Applicant must ensure that no pollutants, including food waste/grease, liquid wastes, garbage/debris, animal waste, other materials or washwaters are discharged to the City's storm sewer system (including gutters, curbs and storm drains). Incorporate best management practices (BMPs) to prevent illicit discharges to storm drains.

## Standard Traffic Control Plans for Permits: Block Parties

The figure below provides guidelines on how to setup a traffic control plan for block parties, on minor streets, at typical intersections. Block parties on major streets will require additional signs, such as detour signs, and approval from an engineer in the Public Works Department.

Applicants shall maintain emergency access (20 ft. emergency lane) and access to all driveways.

### Legend

I



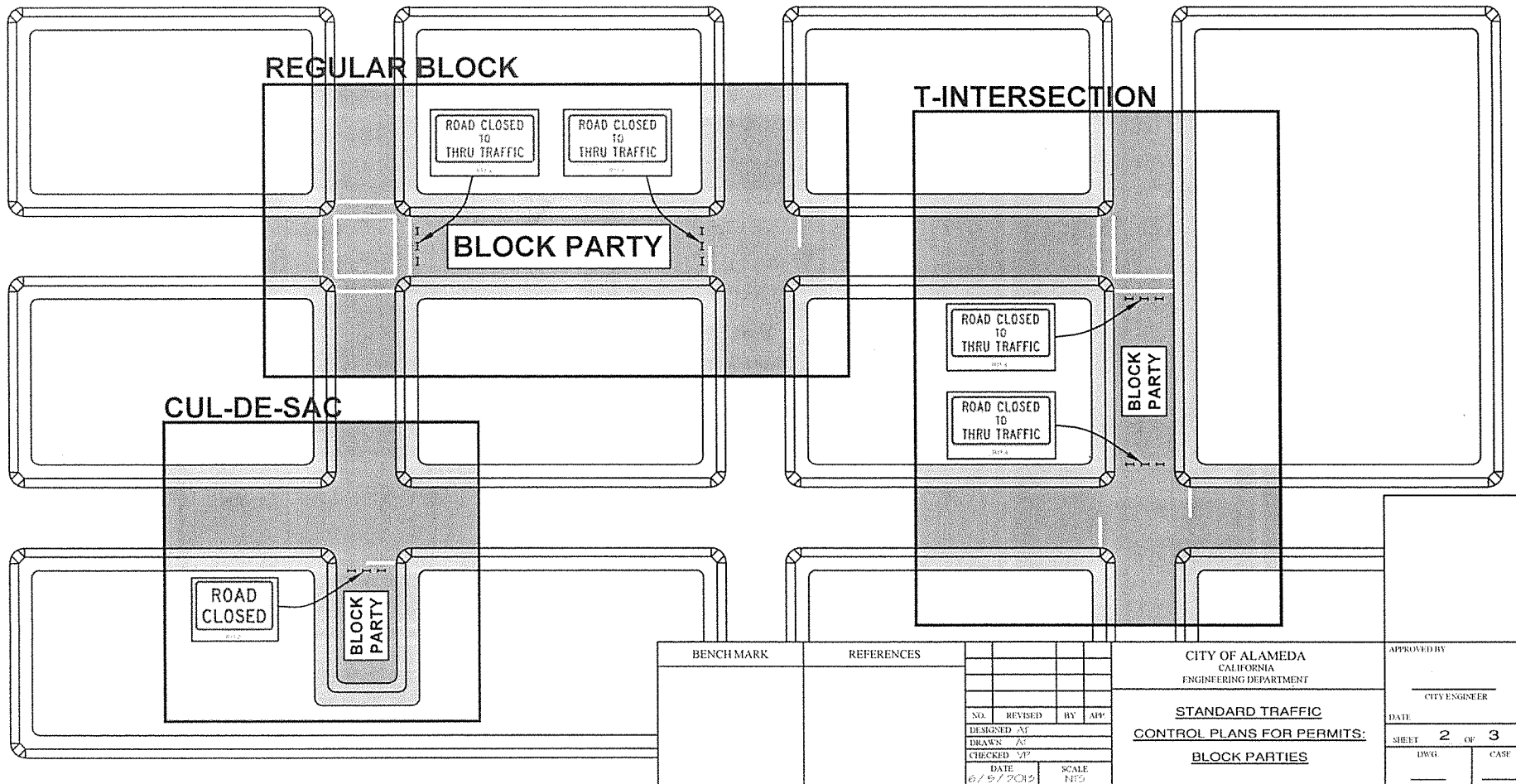
Type II Barricade - at least three shall be used at the closure of a two lane street. The barricades shall be movable by one or two persons.



ROAD CLOSED sign (sign designation R11-2) to be attached on at least one of the barricades at a closed street.



ROAD CLOSED TO THRU TRAFFIC sign (sign designation R11-4) to be attached on at least one of the barricades at a closed street.



BENCHMARK		REFERENCES		CITY OF ALAMEDA CALIFORNIA ENGINEERING DEPARTMENT		APPROVED BY  CITY ENGINEER	
				STANDARD TRAFFIC CONTROL PLANS FOR PERMITS: BLOCK PARTIES		DATE	
				NO. REVISED BY APP		SHEET 2 OF 3	
				DESIGNED AT		DWG	
				DRAWN AT		CASE	
				CHECKED VP			
				DATE 6/5/2013			
				SCALE NTS			



# INDEMNITY AND HOLD HARMLESS

## AGREEMENT (SE1)

Planning Building & Transportation  
2263 Santa Clara Ave., Rm. 190  
Alameda, CA 94501-4477  
510.747.6800 • TDD: 510.522.7538  
[Permit Center Information](#)

\_\_\_\_\_ whose address is \_\_\_\_\_

(hereinafter "Indemnitor") in consideration of an application for street closure to host a block party

agrees to the following terms and conditions:

Indemnitor shall defend, indemnify, and hold harmless the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, regardless of the merit of outcome of any such claim or suit arising from or in any manner connected to the event, services, or work conducted or performed pursuant to this Agreement and Permit.

Indemnitor shall defend, indemnify and hold harmless the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, accruing or resulting to any and all persons, firms, or corporations, furnishing or supplying work, services, materials, equipment, or supplies arising from or in any manner connected to the services or work conducted or performed pursuant to this Agreement and Permit.

By the signature below, Indemnitor agrees that it has read this Indemnity and Hold Harmless Agreement and accepts and agrees to each and every term and condition herein.

The signatory below warrants that he/she is authorized by the Indemnitor to execute on its behalf this Indemnity and Hold Harmless Agreement.

INDEMNITOR:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

## SPECIAL EVENT INSURANCE PURCHASE AND REQUIREMENTS

There are two options for obtaining Special Event insurance.

### Option 1: Online Purchase

Go to the CJPRMA website below and scroll to the Special Event Insurance link on the bottom left hand corner of the website page and follow the instructions to obtain a printed Certificate of Insurance and Additional Insured Endorsement. Please have your credit card ready.

Go to [www.cjprma.org](http://www.cjprma.org) and in the bottom left column, click on the Special Event Insurance Secure Online Application button.

**Please note:** Block parties are classified as “parties”. If you know in advance that your block party will involve “BYOB” (beer, wine, or liquor), please call Brigitt Whitescarver directly for quote, at: **(503) 977-5648**.

**Inflatable devices/“bounce houses”:** Please see additional instructions. If you have any problems accessing the website or no response, please call Sara Mullikin at (503) 977-5656 with Gales Creek Insurance Services, or email her at [sara@galescreek.com](mailto:sara@galescreek.com).

### Option 2: Provide Proof of Certificate of Insurance and Additional Insured Endorsement

For all designated coverages, the City of Alameda requires a certificate of insurance signed by the party authorized by the insurance company to bind the company to the coverage shown, as well as an additional insured endorsement to the policy.

Sample Information:

1) **Certificate of Insurance** (*sample attached*)

Designated Insurance Requirements:

- General Liability: \$2,000,000
- Company Rating: A.M. Best “A” or better

Provide the City of Alameda thirty (30) days advance written notice of cancellation, non-renewal or reduction in limits or coverage including the name of the contract or event.

Signed by the party authorized by the insurance company to bind the company to the coverage shown. Other insurance coverages may be required based on the type of contract and scope of services.

2) **Endorsement to the Policy** (*sample attached*)

The endorsement **must** name the “City of Alameda, its council, Officers, Employees, Volunteers, Boards and Commissions” as additional insureds, include the policy number and type of policy coverage. The endorsement must be a separate document. **A statement included on the certificate, that the City is an additional insured, is not sufficient.**

3) Forward the certificate of Insurance and the Endorsement to the Policy to the Department Representative with whom you are conducting business.

Please ask your insurance broker or agent to provide both documents to the City **ten (10) days prior to the event** taking place since several departments must sign off on the entire request package before your participation in the event.



**CITY OF ALAMEDA**

**SPECIAL EVENT INSURANCE PURCHASE AND REQUIREMENTS**

**INFLATABLE DEVICE**  
**INSURANCE COVERAGE REQUIREMENTS**

**When purchasing insurance for a block party that includes an inflatable device, such as a bounce house, please note the following requirements:**

1. The Inflatable Device Vendor MUST add you, the Event Holder/Applicant, as an Additional Insured(s) to their (Vendor) insurance policy.
2. You, the Event Holder/Applicant, MUST provide proof of #1 to the City of Alameda, prior to approval of the final permit.
3. If you, the Event Holder, owns the inflatable device, then no additional charges apply.

**Follow the directions on Page 1 to obtain insurance for your Special Event.**

## INFLATABLE DEVICE INSURANCE COVERAGE REQUIREMENTS

When purchasing insurance for a block party that includes an inflatable device, such as a bounce house, please note the following requirements:

- 1) The Inflatable Device Vendor **must** add you, the Event Holder/Applicant, as an Additional Insured(s) to their (Vendor) insurance policy
- 2) You, the Event Holder/Applicant, **must** provide proof of #1 to the City of Alameda, prior to approval of the final permit
- 3) If you, the Event Holder, owns the inflatable device, then no additional charges apply

Follow the directions on Page 1 to obtain insurance for your Special Event.

## SELLING ALCOHOL

If you are 'selling' alcohol at your event, you must purchase a different type of alcohol liability insurance. Brigg Whitescarver at Gales Creek can help you with this, if you call her at (503) 977-5648.

It is important to know additional factors can be added to your liability, (i.e., inflatable jumpers, climbing walls, etc.) and you will have the options once you create an account and quote.

You are welcome to shop around for insurance and are in no way required to use Gales Creek. However, you are required to have the Liability and Alcohol Sales Permit (liability) in place before your event.

Please visit [eventinsurancenow.com](http://eventinsurancenow.com) and look for the "Login Now" button, on the top right of the page. Register as a person to access the site. Then log in with your new credentials, and create a new quote. After you create this account, you input the details of the event.

The individual or entity hosting the event and/or leasing the facility is the *named insured*. (Not the facility/event location)

- The system will confirm pricing and event details
- Once the quote is offered, it is saved
- You can buy instantly, or come back later and buy

If you choose to bind coverage, it is very important that you input the *insured* and the *additional insured* info correctly. These are separate entities and must be entered in separate areas of the application. Again, **only** the individual or entity leasing the location for the event is *the insured*.

The *additional insured* is sometimes merely the name of the facility, but is usually the specific name/address of the facility owner that is requiring the insurance.

It is also important when completing the Credit Card Authorization screen, that the info here **matches** the billing name and address for the credit card you are using.

Once the Credit Card Authorization is complete, the system will prompt you to print your certificates of insurance and your receipt.

For more information, please contact:

**Sara Mullikin, CISR | CSA**

Gales Creek Insurance Services

5727 SW MacAdam Ave | PO BOX 69508

Portland, OR 97239

[Sara@galescreek.com](mailto:Sara@galescreek.com) | P (503) 977-5656, F (503) 977-5856, or toll free (800) 755-1575



<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY)	
PRODUCER	FAX	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
INSURED	<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
INSURER E:			

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000								
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATU-TORY LIMITS</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	<b>OTHER</b>												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

<b>CERTIFICATE HOLDER</b>  2263 SANTA CLARA AVENUE, ALAMEDA, CA 94501	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

1. Designation of Premises (Part Leased to You): Albert H. DeWitt OClub
2. Name of Person or Organization (Additional Insured): US DEPARTMENT OF THE NAVY, ALAMEDA REUSE/REDEVELOPMENT AUTHORITY, ALAMEDA MUNICIPAL POWER, CITY OF ALAMEDA, and its members, officers, directors, agents, volunteers, employees and officials.
3. Additional Premium: NONE

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.