



Permit # _____

Fee \$ 25.00

Non-refundable

Date Received _____

BLOCK PARTY APPLICATION

This permit is for a party to be attended only by residents in the immediate neighborhood.

Name of Neighborhood _____

Date of party _____ Times _____

Road to be closed _____

from _____ to _____

Person Responsible for event: _____ EMail: _____

Address _____

Daytime phone _____ Evening phone _____

A site plan must be submitted with this application showing the roadways which will be affected by the closure. The plan must show the width of the roadway to be closed. The signature endorsement sheet must accompany this application.

Will any tents be used? _____ How many and what size? _____
Only "pop-up" type will be allowed. No holes to be made in pavement.

Will there be any amplified music? _____ What type? _____

Type of barricades to be used to close roadway _____

I, _____, am acting as the representative for my neighbors in requesting the above named Block Party Permit. As the responsible party, I agree to obey all stated conditions, and release, waive, and forever discharge Orange County, its officers, employees and agents from any liability, actions, causes of action, damages, claims, and demands of every kind and nature whatsoever arising out of, or resulting from, the activities described above. I, the permittee, and participants shall be responsible or liable for, and shall indemnify, and hold Orange County harmless for, any injury, death, or damage, and they shall assume all risk of holding and participating in the block party in the local street. I also agree to defend, indemnify, and hold harmless Orange County, its officers, and agents against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed wrongful act or omission of mine while conducting the activities described above.

_____ Date _____
signature

Notary

Office of the Fire Marshal – Plans & Permits
7079 University Blvd.
Winter Park, FL. 32792

Phone: 407-836-0004 Fax: 407-836-8310 Email Applications: OFMPermits@ocfl.net

Block Party Signature Endorsement

This form must be signed by the homeowners/renters living in that portion of the roadway which will be affected by the closure.

Any person(s) objecting to the closure should print their name and state why they object in the signature column.

We, the below signed residents, agree to the closure of _____ (Street name)

from the dates of: _____ to _____, 20__

for the purpose of holding a neighborhood block party.

<u>Printed name</u>	<u>Signed name</u>	<u>Address</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____
26. _____	_____	_____
27. _____	_____	_____
28. _____	_____	_____
29. _____	_____	_____





Now Available

E-Bill Express from Orange County Fire Rescue!

Below is the website for our new Payment Portal for all payments. Please submit the **email confirmation** (example attached) of payment along with your permit application.

Next to the **Payment Type** click on the symbol with the box and pencil to add your Event Name and date.

Customer Name or Business Name <input type="text"/>	Primary Telephone Number <input type="text"/> <small>Mobile ▾</small>	Payment Amount \$ <input type="text"/>	Payment Type Select C ▾ 
First Name <input type="text"/> (optional)	Primary Email Address <input type="text"/>	Payment Method <input type="text"/> <small>▾</small>	<small>▾</small>
Middle Name <input type="text"/> (optional)		Pay Date <input type="text"/> 4/24/2017 	
Last Name <input type="text"/> (optional)		Invoice Number (if applicable) <input type="text"/> (optional)	

Payments confirmed before 8:00 PM ET will be debited from your bank account or credit card on the same day. Payments confirmed after 8:00 PM ET will be debited from your bank account or credit card the following business day.

[Continue to Payment](#)

For your convenience you can make your secure payment

ONLINE using a credit card or funds withdrawn directly

from your bank account (ACH).



<https://ww2.e-billexpress.com/ebpp/OCFRDBillPay/>

From: OFMPermits@ocfl.net
Sent: Friday, June 02, 2017 1:00 PM
To: OFMPermits@ocfl.net
Subject: Your one-time Payment to Orange County Fire Rescue Department has been initiated

From: E-BillExpress@E-Billexpress.com
Date: June 2, 2017 at 9:42:25 AM EDT
To: OFMPermits@ocfl.net
Subject: Your one-time Payment to Orange County Fire Rescue Department has been initiated



Your One-time Payment to Orange County Fire Rescue Department is being processed.

Customer Name or Business Name: Orange County
BCC
Account Name: Orange County
BCC
Payment Account: Visa ****1234
Payment Amount: \$80.00
Total Amount: \$80.00
Creation Date: Friday, June 02, 2017
Payment Date: Friday, June 02, 2017

1 Item paid with this One-time Payment

Confirmation #	Customer Name or Business Name	Payment Amount	Payment Type	Additional Information
3008121234	Orange County BCC	\$80.00	01 - Permitting (OFM)	Event Name and Event Date

Please DO NOT reply to this email. This email message was sent from a notification address that cannot accept incoming email.

To contact us, [click here](#) and review the Contact Us section on our web site.