STREET CLOSURE PERMIT APPLICATION

APPLICANT INFORMATION

Applicant Name:_____ **Address:**_____

Organization Name:_____ **City:** _____

Phone Number:_____ **State, Zip:**_____

Event Title: _____

Event Dates:

Setup	**Date/Time:**	_____
Event Start	**Date/Time:**	_____
Event End	**Date/Time:**	_____
Cleanup	**Date/Time:**	_____

Event Location: _____

STREET CLOSURE INFORMATION (Please be as specific as possible; including block # or Intersections)

STREET _____ **Start/End Time:**_____

STREET _____ **Start/End Time:**_____

STREET _____ **Start/End Time:**_____

STREET _____ **Start/End Time:**_____

IMPORTANT INFORMATION

BLOCK PARTIES

- Applicant is responsible for installing and removing barricades and detour signs.
- Attach the written consent of at least 75% (75 percent) of residents who live where street closures are taking place.
- If block party is held within 500 (five hundred) feet of any school, church, hospital, nursing home, or similar operation, please submit approval from the management of that institution.

STREET CLOSURES

- A drawing must be attached. It must depict streets that are closed, and the position of any detour signs if applicable.
- Street closures are not guaranteed and must be approved by the City Council.

_____ _____

Print Name/Title Signature/Date

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- o Approved
- o Denied By Department _____ Date_____ Time_____