



Street Closing Permit

Applicant _____

Address _____

Phone _____ Street to be closed _____

Date of Activity _____ Hours _____

Description of Activity _____

Street barricades needed? Yes _____ No _____

If yes, how many and where and when should they be dropped off?

Signature of Applicant

Date of Application

Police Department Approved _____ Not Approved _____

Signature

Date

Public Works Dept. Approved _____ Not Approved _____

Signature

Date

City Manager Approved _____ Not Approved _____

Signature

Date

Fire Department Notified Yes _____ No _____

Street Department:
Barricades Needed Yes _____ No _____

Arrangements Made Yes _____ Initials _____

