

APPLICATION FOR STREET CLOSING PERMIT

\$30 fee paid with completed application

APPLICANT/CONTACT INFORMATION

Name :							
Organizati	ion:						
Mailing Ad	ddress:						
Phone nu	mber:						
EVENT IN	FORMATION						
Event Nan	ne:						
Type of Ev	vent:						
Date of Ev	vent:						
Street/Ave	e to be Closed	:					
TIMES:	Set-Up:	Start:			End:		
	Event:	Start:			End:		
	Clean Up:	Start:			End:		
Barricades	s required:		Yes		No		
			lf yes, fe	e:			
•				-	•	ed or special meet 5 days prior to the	-
Do you waive written notice of hearing: Signature of applicant:				Yes		No	
	liagram showi trian traffic in	•				rea that will rema Act.	iin open
the permi	t, an applicant	shall use th	ne City's ba	arricades a	t rates set fo	ondition of approv orth by City Counci	il.
barricades	s are damaged	while rent	ing, I may	be respons	ible for the	cost of replaceme	nt.
APPROVA	L:						

Hearing held at City	Council on:		Date received:		
			Fee paid:		
City Council:	Approved	Denied	Receipt #:		