



Street Use Permit Application

Name of person / Organization Requesting Permit: _____

Address: _____

Phone Number: _____

Purpose of Application: _____

Date of Proposed Street Use: _____

Time: From _____ To _____

Name of Street To Be Used: _____

Cross Streets: _____ & _____

Total Number of Blocks Being Closed: _____

Who Will Be Responsible for Cleanup: _____

Approximate Number of Persons For Whom Use of Proposed Street Area is Required: _____

Signature of Applicant: _____ Date: _____

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(For Official Use)

Is proposed street a main artery or high traffic area? Yes ___ No ___

Would closure of proposed street insure pedestrian safety? Yes ___ No ___

Traffic Control Required? Yes ___ No ___

If Yes, What type? _____

Has law enforcement been contacted? Yes ___ No ___

Will closure interfere with response of Police, Fire, or Medical? Yes ___ No ___

Has proposed area been reviewed prior to approval? Yes ___ No ___

Officer: _____

Additional Concerns / Comments: _____

Approved: Yes ___ No ___

Approved by: _____ Title: _____ Date: _____