



TEMPORARY ROAD CLOSURE APPLICATION

Block Party **Special Event** **Construction**

Name of Applicant:		Company Name:	
Applicant Mailing Address:			Phone #:
Details: Name of Event Location/Address Date Start Time/End Time			
Have alternative measures been made in the event of inappropriate weather? Yes <input type="checkbox"/> No <input type="checkbox"/>		Proposed Alternate Date/Time/Location:	
On Site Contact Information: Individual(s) name(s) and or Company		Name:	
		Phone #(s):	
Is there any noise associated with the event? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name:	During what hours will the noise be occurring?
		Phone #(s):	
How will onsite garbage be managed during the closure/event:			
Have you employed staff or volunteers to ensure appropriate clean up after the event? Yes <input type="checkbox"/> No <input type="checkbox"/>		How many? Details: (i.e. Community Group, contact info.)	
What is the estimated number of participants attending the event?			

STATEMENT OF APPLICANT

I, _____, hereby attest that I have read the directions on this form and have truthfully completed this form to the best of my ability.

Signature of Applicant

Date of Application

Please complete the back side of this application to submit a drawing to scale of the location of the road closure or layout of the event.

