

Engineering- Street / Municipal Parking Lot Closure Form

Event Name: _____
Event Date: _____
Community/Location: _____
Contact Name: _____
Phone Number(s): _____
of Barricades Required _____ # of Participants _____
Closure Start Time: _____ Closure End Time: _____
(Note: State the Date and Time of the actual street or parking lot closure, not the event)

Route: (Please include a route map with application)

In your description below, include:

- all Municipal Street(s) or Parking Lot(s) to be closed (*map optional*)
- *Start* and *finish* descriptions must be included for Street Closures
- start/end dates and times for each street/parking lot listed (*if applicable*)
- description of all activities planned for each Street or Municipal Parking Lot Area
- # of barricades (*marked with X*) required

Other Closure information:

*Please provide a separate map 8.5" by 11"- aerial image of the site, (eg. Google maps)

*All proposed barricade locations should be marked with "X"