



Street or Sidewalk Closing Application & Permit

Please submit the form at least 2 weeks in advance. Street Closing Permits are not considered approved until the applicant has received a signed copy back.

Street Closure

Sidewalk Closure

Location Information

Location (street/sidewalk to be closed) _____

Cross Streets of Location _____

Closure to Begin: Month _____ Day _____ Year _____ Start Time _____ am pm

Closure to End: Month _____ Day _____ Year _____ End Time _____ am pm

Can an emergency vehicle get through if necessary (*street closure only*): Yes No

Applicant Information

Organization Name _____

Applicant Name _____ Email _____

Address _____ Phone _____

Purpose

Please describe the reason for closure:

For Office Use Only

Traffic Recommendation: Yes No

MTC Notification Required Yes No

Date MTC Notified: _____

Police Recommendation (*street closings only*) Yes No

Approved

Disapproved

Public Works Director _____

Date _____

Field Supervisor _____

Date _____

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