CITY OF DANVILLE STREET CLOSURE PERMITAPPLICATION

***EFFECTIVE JULY 1. 2009 THERE WILL BE A \$75.00 CHARGE FOR A STREET CLOSURE PERMIT

Section 24-66 City Code. Any person desiring a street closure permit shall file an application with the Chief of Police. Such

application shall be filled not less than one week nor more than sixty (60) days before the date on which it is proposed to conduct the street closure. **Date of Application** Applicant Information NAME OF APPLICANT REQUESTING PERMIT (required) TELEPHONE NO. (PRIMARY) TELEPHONE NO. (ALT) **ADDRESS** CITY STATE ZIP CODE **EMAIL ADDRESS** Organization or Responsible Party Information TELEPHONE NO. ORGANIZATION NAME OR RESPONSIBLE PARTY TO BE NAMED ON PERMIT **ADDRESS** STATE ZIP CODE CITY **EMAIL ADDRESS** Chairman Information (if applicable) NAME OF CHAIRMAN TELEPHONE NO. **ADDRESS** CITY STATE ZIP CODE **EMAIL ADDRESS** Street Closure Information DATE OF EVENT EXPECTED NUMBER OF PARTICIPANTS **EVENT NAME** DESCRIPTION OF TYPES OF ACTIVITIES: ___ STREET TO BE CLOSED OFF: _ **CROSS STREETS:** BETWEEN: EXACT TIME STREET IS TO BE CLOSED: __ EXACT TIME BARRICADE CAN BE REMOVED: _ AS APPLICANT FOR THE ABOVE STREET CLOSURE, I HEREBY ASSUME FULL RESPONSIBILITY AND WILL SEE THAT THE CITY OF DANVILLE IS REIMBURSED FOR ANY DAMGES TO CITY PROPERTY OR STREETS. Applicant Signature Date Print Name

Rev. 10.26.2018 Page 1 of 2

NEIGHBORHOOD PETITION

By signing below, you are agreeing that the applicant can organize a street closure on your street on the above listed date and time.

Address		Contact Number
Print Name		
Signature	Date Signed	
Address		Contact Number
Print Name		
Signature	 Date Signed	
Signature	Date Signed	
Address		Contact Number
Print Name		
Signature	Date Signed	-
Address		Contact Number
Print Name		
Signature	Date Signed	-
- 		Contact Number
Address		Contact Number
Print Name		-
Signature	Date Signed	
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Address		Contact Number
Print Name		
Signature	 Date Signed	-
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Address		Contact Number
Print Name		
Signature	Date Signed	

Rev. 10.26.2018 Page 2 of 2