



SPECIAL EVENTS & ROAD CLOSURE APPLICATION

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*(Incomplete applications will not be accepted)
 (See Requirements on Page 2)*

Name of Special Event:	
Type of Event:	Date(s):
Organization:	
Applicant Name:	
Address:	
Phone No.	Fax No.
Emergency Contact No. (Cell Phone)	Email:

A DETAILED MAP OR SITE PLAN MUST BE INCLUDED WITH THIS APPLICATION DETAILING: road closure areas, routing, volunteers, start/finish areas, traffic control.
Closure of Street Required: Yes <input type="checkbox"/> No <input type="checkbox"/>
Location/Routing:
Expected Attendance: (Participants & Spectators)

EVENT SCHEDULE:
Set-Up Dates & Times:
Break-Down Dates & Times:
Duration:

THE EVENT PERMIT APPLICATION CHECKLIST MUST BE COMPLETED AND SUBMITTED WITH THIS APPLICATION.
