

CITY OF GREEN LAKE
STREET CLOSING PERMIT
(Section 6-2-5(c)(3))

Name of Applicant: _____

Address of Applicant: _____

Phone Number of Applicant: _____

Location/Address of Street to be closed:

Reason For Request: _____

Date(s) & Time(s) of Closure: _____

Signature of Applicant

Date

Standards:

1. Fixtures shall not be physically attached to the street, any street/sidewalk fixture, or any adjacent building(s).
2. Fixtures shall not impede the flow of pedestrian traffic on the street.
3. After event, street must be returned to its original condition (clear of debris and any blacktop replaced).

Fee: **\$50.00** Date Received _____ Receipt # _____

Approved by:

Police Chief

Approved by:

Public Works Director

Approved by City Council on _____

Signature of City Official _____