

**CITY OF CROSSVILLE TEMPORARY**  
**STREET CLOSURE PERMIT APPLICATION**

**FOR DEPARTMENT USE ONLY:**  
DATE RECEIVED: \_\_\_ / \_\_\_ / 20\_\_\_  
DATE OF APPROVAL: \_\_\_ / \_\_\_ / 20\_\_\_

EVENT SPONSOR:

\_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF STREET CLOSURE: \_\_\_ / \_\_\_ / 20\_\_\_ TIME: \_\_\_\_\_

DESCRIPTION OF REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LOCATION, ROUTE, STREETS AND/OR INTERSECTIONS (PLEASE ATTACH A MAP THAT IS CLEARLY MARKED): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF ANY RECORDING EQUIPMENT, SOUND AMPLIFICATION EQUIPMENT, OR OTHER DEVICES USED IN CONNECTION WITH THIS EVENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT SIGNATURE

\_\_\_ / \_\_\_ / 20\_\_\_

DATE

\_\_\_\_\_

CITY CLERK SIGNATURE

\_\_\_ / \_\_\_ / 20\_\_\_

DATE

\_\_\_\_\_

CITY MANAGER SIGNATURE

\_\_\_ / \_\_\_ / 20\_\_\_

DATE