

OFFICE USE ONLY:

DATE RECEIVED: ____ / ____ / 20____

GRANICUS FILE #: _____

CITY OF CROSSVILLE TEMPORARY STREET CLOSURE PERMIT APPLICATION

*Application must be received at least 60 days prior to requested date of closure. Street Closures are limited to one per day per time per event. It is the responsibility of the Event Sponsor(s) to review the Temporary Street Closure Ordinance prior to submitting this application.

EVENT SPONSOR(S): _____

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): _____

ESTIMATED NUMBER OF ATTENDEES: _____

DESCRIPTION OF ANY RECORDING EQUIPMENT, SOUND AMPLIFICATION EQUIPMENT, OR OTHER

DEVICES USED IN CONNECTION WITH THIS EVENT: _____

I have filled this application out to the best of my ability and understand it is my responsibility to follow the ordinance.

APPLICANT SIGNATURE

____ / ____ / 20____

DATE

OFFICE USE ONLY:

Will another Street Closure take place at this day/time/location? YES NO

Was this application and its fees submitted 60 days prior to the event? YES NO

Additional notes: _____

CITY CLERK SIGNATURE

____ / ____ / 20____

DATE