

CITY OF COLUMBIA CITY  
STREET CLOSING PERMIT  
260-248-5100  
Fax 260-248-5105

APPROVED _____
DENIED _____
DATE: _____

DATE OF EVENT \_\_\_\_\_ TIME STREETS ARE REQUESTED TO BE  
CLOSED: \_\_\_\_\_ AM/PM ON \_\_\_\_\_  
UNTIL \_\_\_\_\_ AM/PM ON \_\_\_\_\_  
TIME OF EVENT: \_\_\_\_\_ AM/PM TO \_\_\_\_\_ AM/PM  
DESCRIPTION OF EVENT \_\_\_\_\_

REQUESTED STREETS TO BE CLOSED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL NEEDS: ELECTRICITY \_\_\_\_\_ WATER \_\_\_\_\_  
STREET BARRICADES \_\_\_\_\_ OTHER \_\_\_\_\_  
\_\_\_\_\_

PLEASE SUBMIT A DRAWING OF ANY STRUCTURES THAT WILL BE LOCATED ON THE  
STREETS. THIS WILL BE NECESSARY FOR EMERGENCY VEHICLE ACCESS  
INFORMATION. **APPLICANT IS RESPONSIBLE FOR CLEAN UP AFTER EVENT.**

APPLICANT SIGNATURE: \_\_\_\_\_  
NAME OF ORGANIZATION \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: (\_\_\_\_) \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE: SPECIAL REQUIREMENTS FROM ANY OF THESE DEPARTMENTS
ELECTRIC DEPARTMENT _____
_____
WATER DEPARTMENT _____
_____
STREET DEPARTMENT _____
_____
POLICE DEPARTMENT _____
_____
FIRE DEPARTMENT _____
_____
OTHER REQUIREMENTS _____
_____
_____