

Notified DBA

DATE: \_\_\_\_\_

# CITY OF COLUMBIA CITY STREET CLOSING PERMIT

Phone: 260-248-5100

Fax: 260-248-5105

APPROVED  DENIED

DATE: \_\_\_\_\_

Description of Event \_\_\_\_\_

Date(s) and Time(s) of Event: \_\_\_\_\_

Streets Requesting To Be Closed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time Streets are Requested to be Closed: \_\_\_\_\_ AM/PM on \_\_\_\_\_

Until: \_\_\_\_\_ AM/PM on \_\_\_\_\_

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 Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Date Submitted: \_\_\_\_\_

### FOR OFFICE USE ONLY

Electric Department: \_\_\_ No Concerns \_\_\_ Concerns Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Water Department: \_\_\_ No Concerns \_\_\_ Concerns Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Street Department: \_\_\_ No Concerns \_\_\_ Concerns Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Police Department: \_\_\_ No Concerns \_\_\_ Concerns Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Fire Department: \_\_\_ No Concerns \_\_\_ Concerns Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Other Requirements: \_\_\_\_\_

\_\_\_\_\_