

Notified Main Street

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: _____
