

STREET CLOSING APPLICATION
BLOCK PARTY

TO BE SUBMITTED TO THE CITY MANAGER'S OFFICE 10 DAYS BEFORE EVENT

Name of Applicant: _____ Phone _____

Address: _____

Name of Sponsoring Organization: _____

Address: _____

Date of Event to be conducted: _____

Beginning Time: _____ Ending Time: _____

Map of Route Proposed (Giving Beginning & Termination Points):

NOTE: THERE WILL BE A TEN (10) DAY WAITING PERIOD FOR APPROVAL/DENIAL.

NOTE: THE APPROVAL OF THIS APPLICATION DOES NOT AUTHORIZE THE USE OR SELL OF ALCOHOL. ALL STATE AND LOCAL LAWS WILL BE ENFORCED. TO OBTAIN A ONE DAY ALCOHOL LICENSE OR PERMIT CONTACT THE MARSHALL'S OFFICE AT 431-2118.

NOTE: IF THIS IS A STATE STREET/ROAD, YOU WILL NEED TO OBTAIN PERMISSION FROM THE GEORGIA DEPARTMENT OF TRANSPORTATION AT 229.386.3435.

NOTE: IF THE EVENT IS DESIGNED TO BE HELD BY AND ON BEHALF OF OR FOR ANY PERSON OTHER THAN THE APPLICANT, THE APPLICANT FOR SUCH PERMIT SHALL FILE WITH THE CITY MANAGER A COMMUNICATION IN WRITING FROM THE PERSON PROPOSING TO HOLD THE EVENT, AUTHORIZING THE APPLICANT TO APPLY FOR THE PERMIT ON HIS/HER BEHALF.

IF BARRICADES ARE NEEDED FOR YOUR EVENT, PLEASE COORDINATE WITH RANDY CASAGRANDE, TRAFFIC ENGINEERING MANAGER, AT 431-2170.

SIGNATURE OF APPLICANT

DO NOT WRITE BELOW THIS LINE

Application Received By: _____

Date Application Received: _____

Approved By: _____

CHIEF OF POLICE

CITY MANAGER