



STREET CLOSING APPLICATION

DATE _____

APPLICANT'S NAME _____ E-MAIL _____

APPLICANTS ADDRESS _____

BUSINESS NAME _____

TELEPHONE # _____ DRIVER'S LICENSE # _____

REASON THE STREET IS TO BE CLOSED _____

NAME OF STREET TO BE CLOSED _____

AREA OF STREET TO BE CLOSED _____

DATE OF STREET CLOSING _____

TIME OF STREET CLOSING _____ AM / PM TO _____ AM / PM

REQUIREMENT: SUBMIT DRAWING/SITE MAP SHOWING STREETS & PLACEMENT OF BARRICADES

TO REQUEST CITY BARRICADES/TRAFFIC CONES:

CONTACT THE PUBLIC WORKS DEPARTMENT AT (972) 919-2597.

FEE: A FEE MAYBE CHARGED FOR PROVIDING BARRICADES WHICH WILL INCLUDE \$30.00 PER HOUR FOR EACH EMPLOYEE NEEDED FOR THE EVENT.

EXCEPTION: NATIONAL NIGHT OUT

PUBLIC WORKS APPROVAL
(IF APPLICABLE)

DATE

AFFIDAVIT

I, _____, AM REQUESTING THAT _____ STREET
BE CLOSED FOR THE FOLLOWING REASON, _____
_____, AND THAT THE RESIDENTS OR BUSINESSES ARE IN FAVOR OF THIS CLOSING,
AND THAT I WILL BE RESPONSIBLE FOR PLACING AND REMOVING BARRICADES AT THE TIMES
STIPULATED.

APPLICANT'S SIGNATURE

*****OFFICE USE ONLY*****

RECEIVED BY _____ PHONE # _____

E-MAIL _____ FAX # _____

APPROVALS

POLICE DEPT. / TITLE DATE

FAX # (972) 247-0151

FIRE DEPT. / TITLE DATE

FAX # (972) 919-2675