

APPLICATION

TEMPORARY STREET BARRICADE PERMIT

Location: _____

Date of Event: _____

Time: _____

Request: _____

Purpose: _____

Requested by: **Name** _____
Organization _____
Address _____

Phone _____

Date requested: _____

Approval: _____
Chief of Police

Approval: _____
Fire Chief

Approval: _____
Mayor

- **Application for Permit must be submitted to the Chief of Police not less than fourteen (14) days before the date upon which the barricade is proposed to be conducted.**