

City of Washington

55 West Maiden Street
Washington, PA 15301
724-223-4200

Permit # _____

STREET CLOSING APPLICATION

Name of Applicant: _____

Name of Organization: _____

Address: _____

Phone Number: _____

Event (reason for closing): _____

Requested Date/Time of Street Closing: _____

Date/Time Street to be Re-Opened: _____

Street(s) To Be Closed (including cross streets): _____

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This application MUST be returned to the City of Washington forty-five (45) days prior to the requested street closing date/time. All applications will be considered for approval by the Mayor and Council of the City of Washington. All approvals are subject to the approval of the State of Pennsylvania, if applicable.

A fee of \$50.00 per day will be required to close all streets.

The City of Washington will provide barricades to block streets. Any additional special services required of the City are to be sent with this application.

A Certificate of Insurance, naming the City of Washington as an additional insured, must be submitted at least two (2) weeks prior to the event.

Neighborhood block parties will be limited to a maximum of eight (8) hours. No block parties shall continue later than 11:00 p.m.

All applications must be submitted to the Office of the City Clerk, 55 West Maiden Street, Washington, PA 15301.

FOR OFFICE USE ONLY:

APPROVED: _____

APPROVAL DATE: _____

cc: Police/Fire Depts./Transit