



CITY OF WASHINGTON
OFFICE OF THE CITY CLERK
55 WEST MAIDEN STREET
WASHINGTON, PA 15301
PHONE: (724) 223-4200, Option 6
FAX: (724) 223-4229
www.washingtonpa.us



STREET CLOSING APPLICATION

NAME OF APPLICANT: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

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): _____

This application MUST be returned to the City of Washington forty-five 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.

Your organization is responsible for barricading streets with safety cones during the times listed above. Any additional services required by the City must be sent with this application.

A Certificate of Insurance, naming the City of Washington as an additional insured, must be submitted at least two 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: _____

SIGNATURE OF CITY OFFICIAL: _____