

CITY OF WATERVILLE

APPLICATION FOR BLOCK PARTY/STREET CLOSURE

Permit Number			Date of Application		
PERSON MAKING APPI	LICATION (please p	orint)			
Last Name		First Name	MI	Phone Number	
Address					
LOCATION					
Street to be closed:					
Between		and			
Reason/Event:					
Date of Street Closure:	From/	/	To _	/	
Time of Street Closure:	From	am / pm	То	am / pm	
Comments:					
XSignature of Person	Requesting Street Clo	osure	_	Date	
<u>APPROVAL</u>					
Municipal Administrator:	YES	NO	I	Date:	
Director of Public Works:	YES	NO	I	Date:	
Police Chief:	YES	NO	I	Date:	
Fire Chief:	YES	NO	I	Date:	

Revised 7/14/22

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You must have the residents in the affected area sign this form so they are aware of the closure.

Name	Address	Phone Number	Date	Agree to Closure	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No