



CITY OF WATERVILLE

APPLICATION FOR BLOCK PARTY/STREET CLOSURE

Permit Number

Date of Application

PERSON MAKING APPLICATION (please print)

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 To _____ am / pm

Comments: _____

X _____
Signature of Person Requesting Street Closure

Date

APPROVAL

Municipal Administrator: _____ YES _____ NO Date: _____

Director of Public Works: _____ YES _____ NO Date: _____

Police Chief: _____ YES _____ NO Date: _____

Fire Chief: _____ YES _____ NO Date: _____

