

STREET CLOSING OR EVENT PERMIT APPLICATION

1. Name of event/activity _____
2. Date(s) of event: _____
3. Description of event: _____

4. Name of entity and/or person requesting permit: _____

5. Phone number & name of contact person: _____
6. Event Location: _____
(be specific-include location of sidewalks or streets upon which the event will be held)

7. Will event need street(s) closed? _____
8. If street(s) need to be closed, which streets? _____
9. Hours of the event or street closing: _____
10. Estimated number of people attending the event: _____
11. Parking accommodations/needs: _____
12. Describe the sanitation and other health facilities that will be available to persons attending the event: _____

13. If street closing is necessary, event owner will need to secure barricades-notify City Office (296-2522) when this is completed: _____
(Date City Office Notified)
14. Describe City Services you are requesting for this event: _____

15. It is the event owner's responsibility to notify adjacent property owners and secure their approval. Notify City Office (296-2522) when this is complete: _____
(Date City Office Notified)
16. Attach a detailed Site Plan for the event area which also shows placement of barricades.
17. A Certificate of Liability Insurance naming the City of Plattsburgh as additionally insured in the amount of \$1,000,000 is required. The insurance certificate must show evidence of coverage specific to the event and activities to be conducted. City Clerk must have insurance certificate in hand before a permit will be issued.
18. _____
(Date Insurance Certificate presented to the City of Plattsburgh)

Event approval dates:

This area for City Office Use

Council: _____

Police Dept: _____

Public Works Dept: _____

EMS Dept: _____

Fire Dept: _____