APPLICATION TO TEMPORARILY CLOSE A CITY STREET

To the Mayor of the City of Blakely and Blakely/Early County Department of Public Safety: the undersigned, who hereby represents that he/she has been selected to be spokesperson for _____ for whom permission to close a city street is hereby sought does hereby make request to close _____ (street, road, avenue or lane) from _____ to _____.
Please give a detailed description for the purpose of the closure:

_____

_____

The date proposed for such closure is _____ . Street is to be closed from _____ o'clock, _____M. until _____ o'clock, _____M.

_____ _____
Signature of responsible person Date

Address: _____

Phone numbers: _____

RULES FOR CLOSURE:

1. Any barricades should be easily removable to allow access for emergency vehicles.
2. Barricades will not be provided by the City and are the responsibility of the group or person requesting the closure.
3. No structure, tent, vehicle or other object may be set up in the street in such a way that prohibits access by emergency vehicles.
4. No object of any type [ie: tent pegs, stakes, etc] may be imbedded in the street surface.
5. Maximum closure time allowed is 8 hours.
6. Failure to maintain these rules may result in the function being canceled by the City of Blakely or the Department of Public Safety at any time during the function.
7. Written application must be made no less than one week prior to function.
8. Approved application and the responsible person must be on premises and available for inspection at any time during function.

Approval Of Application

This application is hereby approved this _____ day of _____ 20_____.

_____	_____	_____
Mayor	Police Chief	Fire Chief

Disapproval Of Application

This application is hereby disapproved following valid considerations of public peace, order, health, safety, welfare and convenience. This _____ day of _____, 20_____.

_____	_____	_____
Mayor	Police Chief	Fire Chief