



**APPLICATION FOR TEMPORARY STREET CLOSING PERMIT**

Responsible Party:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Name in Print) (Address/Zip Code) Telephone

I, the undersigned, having read and understood the City of Greensburg Street Closure Policy, do hereby petition for the closure of:

\_\_\_\_\_  
(Street Name)

between \_\_\_\_\_ and \_\_\_\_\_  
(Cross Street) (Other Cross Street)

on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Date & Day of Week) (Time) (Time)

for the purpose of: \_\_\_\_\_  
(Detailed Description of Event)

I agree to comply with the provisions of the Greensburg Street Closing Policy and any other conditions imposed by the City as set forth on the attached Exhibit.

\_\_\_\_\_  
Signature of Applicant

\*\*\*\*\*  
APPROVED:

\_\_\_\_\_  
Greensburg City Administrator Date \_\_\_\_\_  Other conditions apply, see attached

\*\*\*NOTE: APPLICATIONS ARE DUE 15 DAYS IN ADVANCE OF PROPOSED CLOSURE\*\*\*

\*\* Original to City Administrator; Copy to Responsible Party \*\*