

DECATUR DOWNTOWN PUBLIC USAGE REQUEST

TEMPORARY STREET CLOSURE PERMIT

EVENT INFORMATION

SUBMITTAL DATE: _____

NAME OF EVENT: _____

DATE OF EVENT: _____

START/END TIME: _____

TEMPORARY TRAFFIC CONTROL DEVICES REQUESTED: ☐ CONES ☐ BARRELS

(Request is Not Guaranteed & is up to City Staff Approval)

PURPOSE: _____

LOCATION(S) REQUESTED FOR TEMPORARY TRAFFIC CONTROL DEVICES *(Map Submittal Required)*

(List intersections, block numbers, street names, Locations on street):

ORGANIZER INFORMATION

EVENT ORGANIZER: _____

EVENT SPONSOR: _____

ORGANIZER ADDRESS: _____

ORGANIZER PHONE/EMAIL: _____

***This section is for City Staff**

APPROVALS:

APPROVAL: _____

Mayor

APPROVAL: _____

Police Chief

APPROVAL: _____

Fire Chief

- *Application for Permit must be submitted to the Chief of Police not less than thirty (30) Days before the date up which the temporary traffic control device requested is proposed to be used. Site modifications may be required before approval is granted.*
- *It is the sole responsibility of the event organizer to clearly specify the type of temporary traffic control device requested (e.g., cones or barrels) and the exact locations where each is to be placed. The City of Decatur shall not be held liable for any misunderstandings or unmet expectations resulting from incomplete or unclear requests.*