

CITY OF NAPPANEE



Alley & Street Closure Request Form

Contact Information

Name: _____
Address: _____
Phone: _____
Email: _____

Closure Information

Closure Type: Hourly Closure Daily Closure Weekend Closure Weekly Closure

Reason For Closure: _____

Equipment to be Used: _____

Street(s) to be Closed: _____

Include the cross streets where the closure will start and end, and any and all alleys

Start Date _____ Start Time _____ End Date _____ End Time _____

Street(s) will remain closed after work is completed each day	___ Yes ___ No	Barricades will be set up	___ Yes ___ No
If no, provide work hours	_____	Street(s) closed on weekend(s)	___ Yes ___ No
Public parking will be affected	___ Yes ___ No	Use of dumpster	___ Yes ___ No
If yes, how many spaces	_____	Overhead work	___ Yes ___ No
		Work near power lines	___ Yes ___ No

Application Checklist

___ Yes ___ No ___ N/A City of Nappanee named as additionally insured.
___ Yes ___ No ___ N/A Emergency services given access to the street(s) in emergency situations.
___ Yes ___ No ___ N/A 24 hour notice provided to Nappanee Street Commissioner if schedule changes.
___ Yes ___ No ___ N/A Drawing(s) attached showing location of work, dumpster, and area of closure.

Signature

Applicant Name: _____ Date: _____

Internal - Board of Works Approval

Authorized Official: _____ Date: _____

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A large grid area for drawing the site plan. The grid consists of 20 columns and 30 rows of squares, providing a structured space for the user to draw the layout of the street closure request.

SITE PLAN

Scale: _____