

CITY OF NAPPANEE



Parking & Sidewalk Closure Request Application

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: _____

Parking or Sidewalk to be closed: _____

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

Parking/sidewalk will remain closed after work is completed each day	___ Yes ___ No	Barricades will be set up	___ Yes ___ No
If no, provide work hours _____		Parking/sidewalk 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 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: _____

