



STREET CLOSURE REQUEST

Address of Street Closure: _____

From Cross Street: _____ To Cross Street: _____

Example: 419 N. Broadway St. from NW 4th St. to NW 5th St.

Street closure date: _____

Street closure time: Start: _____ End: _____

Please indicate if the following are in the area (check all that apply):

Nursing Home Daycare Multi-family apartments Church

Event: _____

Contact Name: _____ Phone Number: _____

Email: _____

Note: Street Closure barricades are the responsibility of the applicant and must conform to city detour requirements. Applicant may contact the Public Works Department at 785-263-3510 regarding the availability of barricades.

Required Additional Documents:

1. Please include a Site Plan
2. Signatures are required for the Street/Block Closure

All properties within the requested area must be notified of the request for local street block closure as detailed on this application. The City of Abilene will provide a list of properties identified as being affected by the request. It is the responsibility of the applicant to collect signatures from the identified properties. Consideration of the request will occur if at least 70% of the signatures of residences and/or businesses in the affected local street/block closure area approve. Signatures must be collected no sooner than 90 days before the closure.

Acknowledgement

The undersigned does hereby acknowledge the City of Abilene requires any Street/Block Closure granted will conform to all applicable local ordinances and state laws.

Signature: _____ Print name: _____

For office use only	
Date organizer notified of approval or declined: _____ Approved <input type="checkbox"/> Declined <input type="checkbox"/>	
_____	_____
Official	Date
Abilene Police Department: _____	
Abilene Fire Department: _____	
Abilene Public Works Department: _____	
*In addition, please notify Dickinson County Dispatch at 785-263-1212 of street closures.	

