



TEMPORARY STREET CLOSURE APPLICATION

*This application constitutes a request to temporarily close a street within the City of Warson Woods. This application shall comply with and include all information required by Section 265.070 of the Warson Woods Municipal Code. All applications must accompany any deposit required.**

Property Owner(s) Name: _____

Address: _____

Phone Number: _____ Email: _____

Location of Proposed Street Closing (describe by intersections and/or house numbers or attach a map showing areas for barricade locations):

Description of Neighborhood, Civic or Community Event:

Date of Event: _____

***Note:** Prior to any such closing, the person(s) seeking the street closure shall have circulated a petition before the party to every household where ingress or egress to their homes would be blocked. The petition must include each address which would be blocked and must give the date and opening and closing times of the party, and include a space for each householder to show his or her consent or dissent for the event to be held. *The petition must be submitted along with this application.**

Signature of Applicant

Date

**Per Section 265.070 of the Warson Woods Municipal Code, all requests that are granted will be subject to a deposit, which may be applied to the cost of replacing lost, stolen or damaged barricades and other such equipment.*



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Section 265.070 of the Warson Woods Municipal Code requires the approval of the Mayor and the Chief of Police. If, in the opinion of the Mayor and Chief of Police, the temporary closure of the City street will adversely affect or unreasonably endanger the public health, safety or welfare, then the application shall be denied.

*****CITY USE ONLY*****

Approval: _____

Disapproval: _____

Conditions of Approval (if any):

Comments:

Mayor: _____

Date: _____

Chief of Police: _____

Date: _____

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