



APPLICATION FOR STREET CLOSING/PARADE PERMIT
APPLICATION MUST BE FILED 14 DAYS BEFORE DATE OF EVENT

City of Mansfield
Mayor Timothy Theaker

DATE: _____

ALL REQUESTS WILL BE CONSIDERED; HOWEVER, ONLY ORGANIZATIONAL REQUESTS WILL GENERALLY BE APPROVED.

FEE: \$25.00 (WITH FILING OF APPLICATION PURSUANT 311.02C)

FEE: IF THE CITY DELIVERS OR PICKS UP CONES OR BARRICADES, THE TOTAL FEE WILL BE \$100.00 PURSUANT TO 311.02 (C)

PURSUANT TO SECTION 311.02C OF THE CODIFIED ORDINANCES OF THE CITY OF MANSFIELD, OHIO THE UNDERSIGNED HEREBY MAKES APPLICATION FOR STREET CLOSING/PARADE PERMIT AS SET FORTH:

NAME OF APPLICANT: _____ E-MAIL: _____

ADDRESS OF APPLICANT: _____ PHONE: _____

SPONSORING ORGANIZATION: _____

ORGANIZATION ADDRESS: _____

ARE CONES AND BARRICADES REQUESTED? NO YES If yes, complete information below.

PARADE INFORMATION

DATE OF EVENT: _____ TIME OF EVENT: _____ FINISHING TIME: _____

TYPE OF GROUP: _____

NUMBER OF UNITS/PEOPLE: _____ STAGING TIME: _____

FORMING AREA: _____

PARADE ROUTE: _____

STREETS TO BE CLOSED: _____

STREET CLOSING INFORMATION

DATE OF EVENT: _____ TIME OF EVENT: _____ FINISHING TIME: _____

TYPE OF GROUP: _____ APPROXIMATE # OF PEOPLE: _____

PURPOSE OF CLOSURE: _____

STREETS TO BE CLOSED: _____

BARRICADE INFORMATION: Date of Event: _____ Time of Event: _____ Finishing Time _____

Barricade Delivery: Date Wanted: _____ Time: _____

Barricade Pick-Up: Date of Pick-Up: _____

Please call the Street Department at 419-755-9803 between the hours of 7:00 a.m. – 3:00 p.m. to make arrangements for pick-up and return of barricades.

I, the undersigned, do hereby certify that the facts set forth above are true and correct to the best of my knowledge. Undersigned also acknowledges responsibility for the cost of repair damage or replacement of any city property associated with this street closing.

Signature of Applicant

DO NOT WRITE BELOW THIS LINE

COMMENTS:

APPROVED DISAPPROVED SAFETY-SERVICE DIR: _____ DATE: _____

FEE PAID _____ FEE WAIVED

DATE RECEIVED: _____

DATE PERMIT ISSUED: _____

ORIGINAL: SAFETY-SERVICE DIRECTOR

COPIES TO: Street Department Fire Department Communications Center File/SSD
 Chief of Police Police Traffic Section Public Works Director