

**City of Troy  
City Clerk's Office  
500 West Big Beaver  
Troy, Michigan 48084  
(248) 524-3331**



(Send Application & Remittance to Above Address)

**APPLICATION FOR TEMPORARY STREET CLOSING PERMIT**

Date \_\_\_\_\_

Name of Organization \_\_\_\_\_ Phone \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Hereby makes application for temporary closing of \_\_\_\_\_ between

Name of street

and

on

\_\_\_\_\_

Name of street

Name of street

Date

between the hours of \_\_\_\_\_ and \_\_\_\_\_ for the purpose of \_\_\_\_\_

Time

Time

Event

Will sidewalks Be Used?  Yes  No Streets?  Yes  No Are barricades requested?  Yes  No  Number

The above stated event will be carried out in accordance with all City Ordinances, Special Conditions and/or controls deemed necessary by the City. Any violation of this condition shall be sufficient cause for the City to stop the event and revoke the permit.

This request must be received by the City Clerk's Office at least **three (3) weeks** prior to the requested date of the closing.

Fee pursuant to the City of Troy Code of Ordinances: \$25.00

Complete second page if applicable.

\_\_\_\_\_  
Applicant's Signature

This Permit as requested is hereby approved, subject to the following conditions:

\_\_\_\_\_  
\_\_\_\_\_

Date License Issued by City Clerk's Office: \_\_\_\_\_

Note: The permit does not relieve applicant from meeting any applicable requirements of law or other public bodies or agencies.

**SEE SECOND PAGE OF THIS FORM FOR ADDITIONAL INSTRUCTIONS**

