

TEMPORARY STREET CLOSURE PERMIT

APPLICATIONS SHOULD BE SUBMITTED NO EARLIER THAN **60** DAYS PRIOR TO THE EVENT.
PLEASE ALLOW **10** BUSINESS DAYS FOR PROCESSING.

Return to Renea Brown at rbrown@clevelandtn.gov or fax to 423-559-9789.

Name of Applicant: _____

Mailing Address: _____

Contact Person: _____ Phone Number: _____

Email/Fax (for approved permit): _____

Street(s) to be Closed: _____ From: _____ To: _____

and _____ From: _____ To: _____

Date(s) of Closure: _____ thru _____ Time(s) of Closure: _____ To: _____

Reason for Temporary Closure: _____

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1. Will barricades be needed? Yes ___ No ___ If "yes", how many? ___

****We do our best to accommodate barricade requests; however, they are subject to availability and are not guaranteed. If your request cannot be accommodated, it is your responsibility to provide necessary traffic signage, barricades and/or cones.**

2. Will police presence be needed? Yes ___ No ___ If "yes", please contact the Cleveland Police Department @ 476-1121.

3. Will sound amplification equipment be used? Yes ___ No ___ If "yes", please contact the Cleveland Police Department @ 423-476-1121 to obtain a Noise Permit.

4. (If applicable) Has the Noise Permit been obtained? Yes ___ No ___

5. **ATTACH A DETAILED TRAFFIC CONTROL PLAN such as a Google Map or Sketch. (Required for permit approval)**

Signature of Applicant

Date:

This application has been reviewed and approved by the following departments and all agencies (including 911) have been contacted concerning this closure and informed of the date and time.

Public Works Department

Transportation Manager

Police Department

Fire Department

City Manager