



CITY OF  
*Atlantic*

## APPLICATION FOR STREET CLOSING PERMIT

To enable you to close or block off a street for a neighborhood or special event, the Atlantic City Council must first give approval. City Council meets the first and third Wednesday of each month. Please submit application to Clerk's Office prior to 5 p.m. on Thursday preceding the Council meeting.

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONTACT NAME (IF DIFFERENT THAN APPLICANT) \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

PURPOSE OF STREET CLOSURE: \_\_\_\_\_

AREA TO BE CLOSED: \_\_\_\_\_

DATE & TIME OF CLOSURE: \_\_\_\_\_

NUMBER OF CONES NEEDED: \_\_\_\_\_ (\$15 EACH) TOTAL PRICE: \_\_\_\_\_

NUMBER OF BARRICADES NEEDED: \_\_\_\_\_ (\$75 EACH) TOTAL PRICE: \_\_\_\_\_

ADDRESS WHERE CONES/BARRICADES SHOULD BE DROPPED OFF: \_\_\_\_\_

\_\_\_\_\_

**Cones/Barricades will be picked up at the same location the next working day following street closure. Any cones/barricades found damaged or missing will be charged to applicant at replacement cost.**

**By signing the above agreement, I agree to hold harmless and indemnify the City of Atlantic from all incidents and/or injuries incurred during the above event.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

Amount Paid: \_\_\_\_\_ Date \_\_\_\_\_ Cash/Check/Credit Card

City Council Approval/Denial: \_\_\_\_\_ Date: \_\_\_\_\_

CC Police/Streets/Fire/County Dispatch