

City of San Angelo, Texas - Building Permits & Inspections 52 West College Avenue



Street Use/Street Closure Application

NOTE: Incomplete applications will not be accepted. All required fields must be filled in adequately. The Authorized Representative (as designated in Section 1) will be notified of any changes in status & contacted with any questions. Use "N/A" where an item is not applicable.

OFFICE USE ONLY:	
PERMIT #:	
DATE ACCEPTED:	

Section 1: Basic Information	l				
Address		Name of Event		Or	ganization/Applicant's name
authorized Representative		Daytime Phone Nu	ımber	En	nail Address
Section 2: Descriptions and	Location	(s)			
Vill event require setup time? ☐ Yes	☐ No	If yes,	Date/Time	to	 Date/Time
Ouration time of actual event:			StartDate/Time	End _	Date/Time
Vill event require cleanup time?	☐ Yes	☐ No If yes,		to _	
			Date/Time)	Date/Time
Generally describe the event:	_	_	eating areas, tables, in		
Generally describe the event:	_	_	_		
Generally describe the event:s s this event sponsored or co-sponsore					
	ed by the Ci	ty of San Angelo?	Yes	□ No	
s this event sponsored or co-sponsore	ed by the Ci	ty of San Angelo?	☐ Yes	□ No	
s this event sponsored or co-sponsore yes, please provide the Department/ s alcohol involved? Yes	ed by the Ci /Division nar	ty of San Angelo?	☐ Yes	□ No	
s this event sponsored or co-sponsore yes, please provide the Department/	ed by the Ci /Division nar	ty of San Angelo? me that approved the Describe:	☐ Yes e sponsorship:	□ No	

	gulations. (Please read separate form entitled Street Use/Closure Policy
, serving	g as a representative for the
ganization, have read and understand the rules and re	egulations and certify that all information provided on this application is correct and current.
We the undersigned acknowledge that the	he information provided above is true and correct.
gnature of licensee or authorized representative	Date
inted name of licensee or authorized representative	
ame of business/Entity of representative	
DR OFFICE USE ONLY:	
umber of officers needed:	Hours needed per officer:
otal number of barricade locations:	
erification of City Sponsorship? Yes	No
ublic Works Approval By:	Date:
fficer Fees: \$40 per hour (per officer)	\$
ermit Fee:	\$ <u></u> \$ <u>35.00</u>
arricade Fee: (Exempt if City Sponsored)	\$
eposit: (Exempt if City Sponsored)	\$
otal Fees:	\$
pproved By:	Date:
pproved by:	Date