



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:

PLEASE PRINT ALL INFORMATION

Section 1: Basic Information

Address _____		Organization/Applicant's name _____	
Authorized Representative _____	Daytime Phone Number _____	Email Address _____	

Section 2: Descriptions and Location(s)

Will event require setup time? Yes No If yes, _____ to _____
Date/Time Date/Time

Duration time of actual event: _____ Start _____ End _____
Date/Time Date/Time

Will event require cleanup time? Yes No If yes, _____ to _____
Date/Time Date/Time

An Aerial map must be provided that will include but not be limited to: Route, parking, restrooms, staging areas for loading and unloading, sound booths, stages, seating areas, tables, inflatables.

Generally describe the event: _____

Is this event sponsored or co-sponsored by the City of San Angelo? Yes No

If yes, please provide the Department/Division name that approved the sponsorship: _____

Is alcohol involved? Yes No Describe: _____

Section 3: Security

How many locations will be blocked? _____ What type of security will be requested? _____

**Section 4: Applicant(s) Acknowledgement
 Agreement to Comply with Rules and Regulations. (Please read separate form entitled Street Use/Closure Policy)**

I, _____, serving as a representative for the _____ organization, have read and understand the rules and regulations and certify that all information provided on this application is correct and current.

I/We the undersigned acknowledge that the information provided above is true and correct.

 Signature of licensee or authorized representative

 Date

 Printed name of licensee or authorized representative

 Name of business/Entity of representative

FOR OFFICE USE ONLY:

Number of officers needed: _____ **Hours needed per officer:** _____

Total number of barricade locations: _____

Verification of City Sponsorship? Yes _____ **No** _____

Public Works Approval By: _____ **Date:** _____

Officer Fees: \$40 per hour (per officer)	\$ _____
Permit Fee:	\$ <u>35.00</u>
Barricade Fee: (Exempt if City Sponsored)	\$ _____
Deposit: (Exempt if City Sponsored)	\$ _____
Total Fees:	\$ _____

Approved By: _____ **Date:** _____