



**APPLICATION FOR STREET CLOSING/PARADE PERMIT**  
**APPLICATION MUST BE FILED 14 DAYS BEFORE DATE OF EVENT**

City of Mansfield  
Mayor Jodie Perry

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

**ALL REQUESTS WILL BE CONSIDERED; HOWEVER, ONLY ORGANIZATIONAL REQUESTS WILL GENERALLY BE APPROVED.**

FEE: \$25.00 (WITH FILING OF APPLICATION PURSUANT 311.02C)

FEE: IF THE CITY DELIVERS OR PICKS UP CONES OR BARRICADES, THE TOTAL FEE WILL BE \$100.00 PURSUANT TO 311.02 (C)

PURSUANT TO SECTION 311.02C OF THE CODIFIED ORDINANCES OF THE CITY OF MANSFIELD, OHIO THE UNDERSIGNED HEREBY MAKES APPLICATION FOR STREET CLOSING/PARADE PERMIT AS SET FORTH:

NAME OF APPLICANT: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPONSORING ORGANIZATION: \_\_\_\_\_

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

ARE CONES AND BARRICADES REQUESTED?  NO  YES If yes, complete information below.

**PARADE INFORMATION**

DATE OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_ FINISHING TIME: \_\_\_\_\_

TYPE OF GROUP: \_\_\_\_\_

NUMBER OF UNITS/PEOPLE: \_\_\_\_\_ STAGING TIME: \_\_\_\_\_

FORMING AREA: \_\_\_\_\_

PARADE ROUTE: \_\_\_\_\_

STREETS TO BE CLOSED: \_\_\_\_\_

**STREET CLOSING INFORMATION**

DATE OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_ FINISHING TIME: \_\_\_\_\_

TYPE OF GROUP: \_\_\_\_\_ APPROXIMATE # OF PEOPLE: \_\_\_\_\_

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

STREETS TO BE CLOSED: \_\_\_\_\_

BARRICADE INFORMATION: Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ Finishing Time \_\_\_\_\_

Barricade Delivery: Date Wanted: \_\_\_\_\_ Time: \_\_\_\_\_

Barricade Pick-Up: Date of Pick-Up: \_\_\_\_\_

**Please call the Street Department at 419-755-9803 between the hours of 7:00 a.m. – 3:00 p.m. to make arrangements for pick-up and return of barricades.**

I, the undersigned, do hereby certify that the facts set forth above are true and correct to the best of my knowledge. Undersigned also acknowledges responsibility for the cost of repair damage or replacement of any city property associated with this street closing.

\_\_\_\_\_  
Signature of Applicant

**DO NOT WRITE BELOW THIS LINE**

COMMENTS:

APPROVED  DISAPPROVED SAFETY-SERVICE DIR: \_\_\_\_\_ DATE: \_\_\_\_\_

FEE PAID \_\_\_\_\_  FEE WAIVED

DATE RECEIVED: \_\_\_\_\_

DATE PERMIT ISSUED: \_\_\_\_\_

ORIGINAL: SAFETY-SERVICE DIRECTOR

COPIES TO:  Street Department  Fire Department  Communications Center  File/SSD  
 Chief of Police  Police Traffic Section  Public Works Director