

**TEMPORARY STREET OBSTRUCTION PERMIT**

Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

We respectfully ask permission for the City of Macomb to allow one of the following to be placed on a City street:

\_\_\_\_\_ Dumpster

\_\_\_\_\_ Equipment: Type of Equipment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Rock Pile

\_\_\_\_\_ Materials: Type of Materials \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Unhitched Trailers

Address of Closure: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Length of Time for Closure: \_\_\_\_\_

How will it be Barricaded: \_\_\_\_\_  
(\*If barricades are needed, you may contact the Public Works Department.)

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**FOR OFFICE USE ONLY**

Permission is Granted: \_\_\_\_\_

Permission is Denied: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ City Clerk