

**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 \_\_\_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_

- Cc: Administrator  
Police  
Fire  
Public Works  
Transit  
Community Development  
Downtown Development

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