

**TEMPORARY STREET OBSTRUCTION PERMIT**

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

Address of Applicant: \_\_\_\_\_

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

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 Trailer

Address of Closure, if other than applicant:

\_\_\_\_\_

Name of Property Owner, if other than applicant:

\_\_\_\_\_

Dates for Closure: \_\_\_\_\_

Specify # of parking spaces or complete street 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