



Temporary Street Obstruction Permit

no fee

Name of Applicant: _____

Address of Applicant: _____

Telephone of Applicant: _____

Email of Applicant: _____

We are requesting permission for the City of Macomb to allow (check option) to be placed on a city street temporarily.

_____ Dumpster

_____ Equipment (list): _____

_____ Materials (list): _____

_____ Unhitched Trailer

_____ Street repair/sewer/right of way, etc.

Address of Closure: _____

Property Owner (if other than applicant): _____

Dates of Closure: _____

of Parking spaces or complete street closure: _____

Type of barricade (if barricades are needed, contact Public Works @309-833-2821: _____

Have the neighbors been notified? Yes or No

Signature: _____ Date: _____

Request Granted or Denied: _____

For Office Use only:

Date: _____

CC:	Administration (Mayor, City Admin, Executive Asst.)	Community Development	Public Works (Director, Manager, Admin Asst.)
	Police	Fire	Finance
		Dispatch	Transit
			Downtown Development