



CITY OF BUFFALO, MINNESOTA

# City of Buffalo

Permit # \_\_\_\_\_

Date Recd. \_\_\_\_\_

Date Appr. \_\_\_\_\_

## Street, Sidewalk or Parking Lot Closing Application & Permit

**\*\*Any closure on a state highway will need to contact  
MNDOT for closure approval.\*\***

Please submit this form at least 6 weeks in advance. Street Closing Permits are not considered approved until the applicant has received a signed copy back.

Street Closure

Sidewalk Closure

Parking Lot Closure

### Applicant Information

Organization Name \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

### Purpose

Please describe the reason for closure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Location One Information

Location (street/sidewalk to be closed) \_\_\_\_\_

Cross Streets of Location \_\_\_\_\_

Date to Begin: \_\_\_\_\_ Start Time \_\_\_\_\_ AM/PM

Date to End: \_\_\_\_\_ End Time \_\_\_\_\_ AM/PM

Can an emergency vehicle get through if necessary (street closure only):

Yes       No

### Location Two Information

Location (street/sidewalk to be closed) \_\_\_\_\_

Cross Streets of Location \_\_\_\_\_

Date to Begin: \_\_\_\_\_ Start Time \_\_\_\_\_ AM/PM

Date to End: \_\_\_\_\_ End Time \_\_\_\_\_ AM/PM

Can an emergency vehicle get through if necessary (street closure only):

Yes       No

**Location Three Information**

Location (street/sidewalk to be closed)\_\_\_\_\_

Cross Streets of Location\_\_\_\_\_

Date to Begin:\_\_\_\_\_ Start Time\_\_\_\_\_ AM/PM

Date to End:\_\_\_\_\_ End Time\_\_\_\_\_ AM/PM

Can an emergency vehicle get through if necessary (street closure only):

Yes       No

*\*Attach another sheet if necessary for more street locations.\**

***I understand that it is the applicant's responsibility to notify businesses and property owners of any approved closure 30 days prior to the event.***

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

\_\_\_\_\_  
Date

\*\*\*\*\*

**For Office Use Only**       Approved       Denied

Street Department \_\_\_\_\_ Date \_\_\_\_\_

Police Department \_\_\_\_\_ Date \_\_\_\_\_

Administration \_\_\_\_\_ Date \_\_\_\_\_

*Copy Distribution: Applicant, Street Dept., Police Dept., Fire Dept., Utility Dept.*