



Town of Portland, Connecticut ❖ [www.portlandct.org](http://www.portlandct.org)

APPLICATION FOR:

**Street Closure Permit**

Town Code of Ordinances Chapter 19, Sec 19-2

**\*Applications must be submitted to the First Selectman's Office 10 business days before start date.\*  
Attach Certificate of Insurance, per Section 19-2(E)**

PRINT CLEARLY or TYPE

**PERMITTEE INFORMATION**

Company Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address of Company: \_\_\_\_\_

Contact Person Name and Telephone Number: \_\_\_\_\_

**DETAILED LOCATION INFORMATION**

Desired Start Date: \_\_\_\_\_ Approximate End Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Street Name: \_\_\_\_\_ Number: \_\_\_\_\_

Nearest intersecting road: \_\_\_\_\_

- Partial Sidewalk Closure     Partial Street Closure - number of lanes impacted: \_\_\_\_\_
- Full Sidewalk Closure         Full Street Closure

(Circle One) Side of roadway:    North    South    East    West

Describe fully why application is being made: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	First Selectman	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Senior Ranking Police Officer	Date:

New Permit             Extending Existing Permit             Permit # \_\_\_\_\_