TOWN OF BRATTLEBORO
Town Manager's Office, Suite 208
230 Main Street, Brattleboro, VT 05301
Tel - (802) 251-8151 Fax - (802) 257-2322
e-mail: tmsecretary@brattleboro.org

STREET/SIDEWALK BLOCKING PERMIT APPLICATION

Applicant's name: _____
Mailing address: _____
Cell phone: _____ Other phone number _____
e-mail address (print legibly) _____

Responsible party (if different): _____
Mailing address: _____
Cell phone: _____ Other phone number _____
e-mail address (print legibly) _____

Information regarding the event:
Name of Event: _____
Date: _____ Rain date: _____
Start time: _____ End time: _____
Street/Sidewalk proposed to be blocked (including start and end points): _____
_____
Nearest intersections: _____
Number of people/participants expected: _____

Describe purpose for blocking (be specific) _____
_____

List any additional information you wish to provide to clarify the request:
_____
_____

********An illustration of the closure is required. Please include a map or provide a diagram on the reverse side. Be certain to notify all surrounding neighbors.***

Applicant's signature: _____
date

Reviewed by:

_____ Brattleboro Police Dept. Comments/instructions:

_____

_____ Brattleboro Fire Dept. Comments/instructions:

_____

_____ Brattleboro Public Works Dept. Comments/instructions:

_____

Submitted to the Brattleboro Selectboard on: _____ Date of meeting

_____ Approved Reason(s): _____
_____ Denied _____

Date: _____ _____
Town Manager's signature