Street Closure Application

City of Boone
923 8th Street
Boone, IA 50036

Please attach a detailed description of the event and any items that will be placed in the street.

Reason for Street Closure: _____

_____	_____	_____
Company/Applicant	**Address**	**City, State Zip**

_____	_____	_____
Primary Contact Name	**Phone**	**e-mail**

Date of Event_____ **Time** _____ **to** _____

Street(s) to be closed _____

Please include street names and identify areas requested for closure.

Applicant is responsible for obtaining their own barricades. The City will not deliver, set up or remove barricades.

Signature/Title_____ **Date of Application:**_____

OFFICE USE ONLY: *Approval must be granted by all Departments noted below.*			
Boone Police Department **(515) 432-3456** Notes or comments:	☐ Approved ☐ Denied	_____ Signature	_____ Date
Boone Public Works Dept **(515) 432-4211 ext 142** Notes or comments:	☐ Approved ☐ Denied	_____ Signature	_____ Date
Building Official **(515) 432-4211 ext 114** Notes or comments:	☐ Approved ☐ Denied	_____ Signature	_____ Date
☐ Applicant Notified	Date:	Initials:	

Email to clerk@city.boone.ia.us or original document to Central Business Office at City Hall

Process: after signatures of approval return to Central Business Office