

TOWN OF BLOOMSBURG
Columbia County, Pennsylvania
REQUEST TO CLOSE PUBLIC STREET

Name: _____

Address: _____

Telephone: _____ Cell Phone: _____

Location of street to be closed: _____

Date(s) & Time(s) of closure: _____

Reason/Purpose: _____

List Businesses and/or Residences Affected: _____

All requests to close a public roadway/street/alley are reviewed and approved by the Bloomsburg Police Department. It is the responsibility of the person making the request to adhere to the following while the roadway is close:

- Utilize safety cones and regulatory signs at intersections prior to road closure
- Adhere to all Town, Code and State regulations while digging or working on public roadways, buildings or private property
- Provide "regulatory" person to direct traffic if deemed necessary
- Possess professional liability insurance for business/workers
- Submit request for street closure one week prior to the requested date (non-emergency)
- If road closure also blocks a sidewalk, a safe alternative passageway must be provided for pedestrians
- Utilize safety cones around dumpsters and/or other construction equipment located on a public street

Any abuse of this privilege is subject to immediate revocation of the road closure permit. Extended request for additional time to close a street will be reviewed by the Chief of Police.

Signature: _____ Date: _____

FEE: \$25.00 per week. For periods less than one week \$15.00 is required.

Checks Made Payable To: Town of Bloomsburg

OFFICE USE ONLY:

9-1-1 CENTER: Notified by: _____ Date: _____

FIRE POLICE: Notified by: _____ Date: _____

PUBLIC WORKS: Notified by: _____ Date: _____

PAID BY: Cash: Check #: _____ Received by: _____ Date: _____