



119 East 7th Street, Bloomsburg, PA 17815-1999
Phone 570-317-2846 • Fax 570-317-2408 • www.bloompd.com
Michael Fosse, *Chief of Police*

Street Closing Application

\$25 per day, \$35 per week

Name: _____

Phone Number: _____

Location of street to be closed: _____

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

Reason/Purpose: _____

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
- Contact Police Department if road closure extends past dates and times listed. Failure to do so will result in additional fees.

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: _____

-BLOOMSBURG POLICE USE ONLY -

Date Paid: _____ Amount: _____ Received by: _____

Additional dates: _____ to _____ Pmt: _____ Date: _____

Additional dates: _____ to _____ Pmt: _____ Date: _____

Additional dates: _____ to _____ Pmt: _____ Date: _____