



City of Sutherlin  
**STREET CLOSURE PERMIT**  
*PERMIT TO BE POSTED DURING EVENT*

Applicant Name: \_\_\_\_\_ Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ Date: \_\_\_\_\_ Hrs: \_\_\_\_\_ to \_\_\_\_\_

Number of your people per intersection doing traffic control \_\_\_\_\_

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Please provide street closure plan to scale in space provided below:

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Printed Name of Applicant

Signature of Applicant

Date

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**OFFICE USE ONLY:**

Street Closure:

Fire:            Approved \_\_\_\_\_    Denied \_\_\_\_\_    Comments: \_\_\_\_\_

Police:            Approved \_\_\_\_\_    Denied \_\_\_\_\_    Comments: \_\_\_\_\_

CDD:            Approved \_\_\_\_\_    Denied \_\_\_\_\_    Comments: \_\_\_\_\_

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Authorized Signature

Date

Original to Applicant  
cc: Community Development  
cc: Fire Dept.

cc: Police Department  
cc: Recorder's Office