

# Special Event STREET CLOSURE REQUEST FORM

If you plan to host a special event in Burlington that includes a City park and will require a street closure, please submit this Street Closure Request Form with your Special Event Permit Application to the Parks and Recreation Department at least (60) days prior to your desired event date. The department can be contacted at 900 E. Fairhaven Avenue, Burlington WA 98233, (360) 755-9649 or BParks@burlingtonwa.gov.

If your special event plans do not include use of a City park, please contact the Burlington Planning Department for street closure information: 833 S. Spruce Street, Burlington, WA 98233, BPlanning@burlingtonwa.gov or (360) 755-9717.

Approval of street closure request is determined by the Burlington City Council. The closure request will be placed on the first available meeting agenda after its submittal and review. Applicant will be notified of meeting date and will be responsible for presentation of request at Council meeting. (Burlington City Council typically meets the 2<sup>nd</sup> and 4<sup>th</sup> Thursdays of each month. Meetings begin at 7:00 pm.)

Today's Date: \_\_\_\_\_ Desired Closure Date: \_\_\_\_\_

Name of Organization Requesting Closure: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Day Phone#: \_\_\_\_\_

Mailing Address (including City & Zip): \_\_\_\_\_

1. Streets to be Closed (*attach route map or event layout*): \_\_\_\_\_

2. Date(s) and Time(s) of Closure: \_\_\_\_\_

3. Reason for Closure Request: \_\_\_\_\_

**4. By signing this form, the applicant assumes full responsibility for notifying the following:**

1. All neighboring and/or affected property owners
2. S.K.A.T., (360) 757-4423
3. Burlington Edison School District, (360) 757-3386
4. 9-1-1 Emergency Services Dispatch, (360) 428-3211

Please list all intended methods that will be used for notification: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

*For City Use:*

<i>Route to:</i>	<i>Comments:</i>
Admin Department	_____
Fire Department	_____
Planning Department	_____
Police Department	_____
Public Works & Streets	_____

Parks & Recreation Director Recommendation:     Recommended     Not Recommended

Parks & Recreation Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Closure Request is:     Approved     Not Approved

Signature of Mayor or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Approved at Burlington City Council meeting on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.