CITY OF LAREDO

Community Development Department
Real Estate Division

TEMPORARY STREET CLOSURE PERMIT APPLICATION

APPLICATION WILL BE ELIGIBLE FOR PROCESSING ONLY WHEN ALL APPLICABLE FEES ARE PAID AND A COMPLETE APPLICATION PACKET IS SUBMITTED.

SECTION 1: APPLICANT INFORMATION

Applicant name: _____

Organization Name: _____

Address: _____

Phone Number: _____

Primary Contact Name: _____

Phone Number: _____

Email address: _____

SECTION 2: EVENT DETAILS

	PRIMARY STREET NAME	INTERSECTION	INTERSECTION
Street(s) to be closed:	**(a):** _____	**from** _____	**to** _____
	(b): _____	**from** _____	**to** _____
	(c): _____	**from** _____	**to** _____
	(d): _____	**from** _____	**to** _____
	(e): _____	**from** _____	**to** _____
	(f): _____	**from** _____	**to** _____
	(g): _____	**from** _____	**to** _____

Date and time to be closed and re-opened: _____

Date and time of event: _____

Purpose of street closure: _____

Description of activities: _____

Estimated number if people attending event: _____

City Council District of the street(s) to be closed: _____

Insurance Company and coverage: _____

Security to be provided and number of security guards: _____

Special permits/licenses: _____

I certify that the information provided above is true and correct to the best of my knowledge.

Applicant Signature: _____ **Date:** _____