

**GARNER POLICE DEPARTMENT**



**APPLICATION FOR ROAD CLOSURE PERMIT**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization Represented: \_\_\_\_\_

Purpose of Road Closure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ to \_\_\_\_\_

Time Requested For Road to Close: \_\_\_\_\_ to \_\_\_\_\_

Road Requested to Be Closed - include block number(s): \_\_\_\_\_  
Cross Streets of \_\_\_\_\_ and \_\_\_\_\_

Will emergency equipment be able to pass if necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned, being a minimum of 21 years of age, certifies that the activity will not interfere with the right of property owners in the area to enjoy peaceful and lawful occupancy and the use of their property and the activity can be conducted without unreasonable interference with normal pedestrian or vehicular access to the area. Further, the event will not prevent normal police/fire/rescue protection to the area and will not likely cause injury to persons or property or to provoke disorderly conduct or create a public disturbance. The undersigned understands that the Chief of Police or his designee shall revoke any permit issued upon the violation by any participant of Chapter 15, Article VII of the Code of Ordinances of the Town of Garner, or upon failure to comply with the terms and conditions of the permit.

The applicant also acknowledges that he/she is responsible for notifying all individuals impacted by the road closure of the specific times and date of the road closure. This notice is required a minimum of seven (7) days prior to the road closure. If less than seven (7) days exists between the date of the permit issuance and the road closure, then notification shall be made immediately upon permit issuance.

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

Note: Allow a minimum of one (1) week for processing of this application.

Note: Office Staff - Attach a copy of Chapter 15, Article VII of Town Code to this document for applicant to review.

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_