



City of Canal Winchester

36 South High Street
Canal Winchester, Ohio 43110-1213

Divisions of Streets (614) 834-5100

STREET CLOSURE PERMIT

Rev. 07/28/2010

APPLICANT

Name _____

Address _____

Daytime Phone _____ Email _____

ORGANIZATION (If Applicable)

Name _____

Address _____

Daytime Phone _____ Email _____

Date of Closure _____ Hours of Closure _____

Streets to be Closed _____

Attach a drawing showing closure locations.

I certify that the information provided with this application is correct and accurate to the best of my ability.

Applicant's or Authorize Agent's Signature

Date

DO NOT WRITE BELOW THIS LINE

Date Received: ___ / ___ / _____

Application Approved: ___ Yes ___ No

Date of Action: ___ / ___ / _____

Conditions: A vehicular lane shall be available at all times for emergency vehicle use. _____

Expiration Date: ___ / ___ / _____

Mayor