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# Street Closing Application



Town Manager's Office  
PO Box 32  
Hertford, NC 27944  
Phone: (252) 426-7805

**Date of Application:** \_\_\_\_\_  
(Application must be submitted 45 days prior to requested date)

**Requester Name:** \_\_\_\_\_  
**Business/Organization Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**to close:** \_\_\_\_\_ Street **from** \_\_\_\_\_ Street **to**  
\_\_\_\_\_ Street **for the purpose of**  
\_\_\_\_\_  
**on** \_\_\_\_\_ (date) **for the period**  
\_\_\_\_\_ (am/pm) **until** \_\_\_\_\_ (am/pm)

**Residents/businesses must consent to this street closing request and so indicate by signing their name and address below: (please indicate any vacant properties)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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**Note: Please know, if your street closure is approved, there needs to be access on the street for emergency personnel. Please do not place any bounce houses, tables, tents, chairs, or any other temporary items on the street that would have to be moved in case of an emergency.**

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### ***For Office Use:***

\_\_\_\_ Approved \_\_\_\_ Denied \_\_\_\_\_, Town Manager Date \_\_\_\_\_