CONTRACTOR/CONSTRUCTION
STREET CLOSURE PERMIT APPLICATION

Description of Work:_____

_____

Street(s), Avenue(s) and/or Alley(s) to be closed:_____

_____

Date(s):_____/_____/ 20____ Street Closure Times:_____- _____
month day(s) year start end

Name of Contractor/
Responsible Party:_____

Address:_____ City:_____ State:_____ Zip:_____

Contact Name:_____

Contact Phone: (office/home#):_____ (cell#):_____

Contact Mailing Address:_____ City:_____ State:_____ Zip:_____

Email:_____

Signature of Applicant:_____

OFFICIAL USE ONLY

PERMISSION IS HEREBY GIVEN TO:_____

TO CLOSE THE FOLLOWING STREET(S)/AVENUE(S)/ALLEY(S):

_____

ON: (list all dates)_____, 20____,

FROM: _____ TO: _____
(start time) (end time)

Under and subject to the provisions and requirements of the City of Altoona Code of Ordinances, the City of Altoona Police Department authorizes this Street Closure Permit in effect on _____, 20___.

_____ _____
Traffic/Special Events Officer Chief of Police

Date Approved: _____20___.

1. Download the application by clicking on the down arrow (🡻) in the upper right-hand corner of your screen.
2. Open the document after downloading, complete the document and save.
3. Attach to an email to: kcarrieri@altoonapa.gov