

TEMPORARY STREET CLOSURE / PARADE PERMIT

Date Submitted _____

Permit Number _____

Event Sponsor _____

Sponsor's Address _____

Sponsor's Phone Number (_____) _____

Event Date _____

(Permits must be applied for 45 days prior to the event)

Time of the Event _____

Time that the street needs to shut down _____

Name of streets to be closed or parade routing, enclose a map:

Cost of permit: \$150 to be included with completed form

Enclose a copy of the certificate of insurance

FOR TOWN USE ONLY

Request submitted to VDOT on _____

Reply received from VDOT on _____

Emergency services notified of detours and closed streets YES NO

Permit Approved on _____

Event sponsor notified on _____

PERMIT # _____

DATE SUBMITTED _____

LAWRENCEVILLE, VIRGINIA
SIGN PERMIT APPLICATION

1. APPLICANT:
2. ADDRESS AND TELEPHONE:
3. PARCEL LOCATION:
4. PARCEL SIZE:
5. PARCEL ZONING:
6. PROPOSED USE:
7. ZONING ORDINANCE SECTION:
8. WATER SUPPLY/SEWAGE DISPOSAL APPROVAL:
9. SITE PLAN MUST BE ATTACHED:
10. \$25.00 APPLICATION FEE MUST BE ATTACHED.

CERTIFICATION

I hereby certify that I have the authority to make the foregoing application and that the information given is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

ZONING PERMIT

APPROVED _____

DISAPPROVED _____

NEEDS REZONING _____

NEEDS CONDITIONAL USE PERMIT _____

OTHER _____

ZONING ADMINISTRATOR

DATE

PERMIT # _____

DATE SUBMITTED _____

LAWRENCEVILLE, VIRGINIA
ZONING PERMIT APPLICATION

1. APPLICANT:
2. ADDRESS AND TELEPHONE:
3. PARCEL LOCATION:
4. PARCEL SIZE:
5. PARCEL ZONING:
6. PROPOSED USE:
7. ZONING ORDINANCE SECTION:
8. WATER SUPPLY/SEWAGE DISPOSAL APPROVAL:
9. SITE PLAN MUST BE ATTACHED:
10. \$25.00 APPLICATION FEE MUST BE ATTACHED.

CERTIFICATION

I hereby certify that I have the authority to make the foregoing application and that the information given is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

ZONING PERMIT

APPROVED _____

DISAPPROVED _____

NEEDS REZONING _____

NEEDS CONDITIONAL USE PERMIT _____

OTHER _____

ZONING ADMINISTRATOR

DATE