



The City of Canal Winchester

Development Department

45 E. Waterloo Street

Canal Winchester, Ohio 43110

Phone (614) 837-7501 Fax (614) 837-0145

STREET CLOSURE PERMIT

APPLICANT

Name _____

Address _____

Phone _____ Email _____

ORGANIZATION (IF APPLICABLE)

Name _____

Address _____

Phone _____ Email _____

Date of Closure _____ Hours of Closure _____

Streets to be Closed _____

Purpose of Closure _____

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.**

Property Owner's or Authorized Agent's Signature

Date

.....
DO NOT WRITE BELOW THIS LINE

Date Received: ____ / ____ / ____

Application Approved: ____ No

Date of Action: ____ / ____ / ____

____ Yes

Expiration Date: ____ / ____ / ____

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

Mayor