



CITY OF REDONDO BEACH

PUBLIC WORKS DEPARTMENT - ENGINEERING SERVICES DIVISION

STREET CLOSURE PERMIT

PERMITTEE	
NAME:	
STREET ADDRESS:	
CITY / STATE / ZIP:	
PHONE:	
CITY BUSINESS LICENSE:	EXPIRES:

RECEIPT NO.	PERMIT NO.
EVENT	
DATE:	TIME:
TYPE:	
PURPOSE:	
LOCATION:	

STREET CLOSURE		
WILL IT BE NECESSARY TO CLOSE ALLEYS?	☐ YES ☐ NO	IF YES, WHICH?
WILL IT BE NECESSARY TO MODIFY OR RE-TIME ANY TRAFFIC SIGNALS?	☐ YES ☐ NO	IF YES, WHICH?
WILL IT BE NECESSARY TO CLOSE DEAD-END STREETS?	☐ YES ☐ NO	IF YES, WHICH?

OTHER DEPARTMENTAL AUTHORIZATION					
DEPARTMENT	AUTHORIZED SIGNATURE	APPROVED		FEES	DEPOSITS
		YES	NO		
POLICE					
FIRE					
PUBLIC WORKS					

FEES AND DEPOSITS		
	PERMIT FEE	
	INSPECTION FEE	
TOTAL FEES		

	CASH DEPOSIT	
	DEDUCTION	
TOTAL REFUND		

ATTACHMENTS	
COPY	EXPIRES
PERMITTEE'S CA ID	
INSURANCE CERTIFICATE	
PERMIT GUIDELINES	
PETITION / LETTERS OF CONSENT	

INSPECTION RECORD	
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I, THE PERMITTEE, HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, AND STATE THAT THE INFORMATION THAT I HAVE GIVEN ABOVE, IS CORRECT. I, THE PERMITTEE, HEREBY AGREE TO COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS, RULES, AND REGULATIONS, INCLUDING THE ATTACHED GUIDELINES OF THIS PERMIT.

INSPECTED BY: _____ DATE: _____

RELEASED BY: _____ DATE: _____

PERMITTEE OR PERMITTEE'S AUTHORIZED AGENT

DATE

ISSUED BY

DATE

DISTRIBUTION:

ORIGINAL: ENGINEERING

CANARY: ACCOUNTING

PINK: POLICE

GOLD: FIRE

XEROX: PUBLIC WORKS / PERMITTEE