



## STREET CLOSING APPLICATION

Name of Organization Applying for permit:

Contact Information:

Name: SCOTT HAZELTINE - COLUMBUS FIRE

Address: 123 WEST HARRISON ST.

Phone: 608-566-8134 email SHAZELTINE@COLUMBUSWI.GOV

**\*\*please provide a certificate of insurance for the event**

Date(s) and time(s) of street closing:

OCTOBER 6TH SUNDAY 11 AM 5 PM  
\_\_\_\_ AM \_\_\_\_ PM

Name of street(s) and description of area to be closed:

WEST HARRISON STREET FROM DICKASON TO LUDINGTON

Purpose for street closing: OPEN HOUSE

**\*Attach a map showing area of the requested street closure.**

ITEMS REQUESTED:

Barricades	_____ No _____ Yes	_____ number needed	n/a
Trash Barrels	_____ No _____ Yes	_____ number needed	↓
Picnic Tables	_____ No _____ Yes	_____ number needed	
Umbrellas	_____ No _____ Yes	_____ number needed	
Stage	_____ No _____ Yes		

**IT IS THE APPLICANT'S RESPONSIBILITY TO CONTACT  
DEPT OF PUBLIC WORKS THREE DAYS PRIOR TO EVENT  
AT 920.623.5908 TO MAKE ARRANGEMENTS FOR ITEMS REQUESTED**

Scott Hazeltine  
Applicant Signature

SC 9-4-2024  
Initials/date received in clerk's office

9/4/24  
Date

Council Action \_\_\_\_\_  
Date of Action \_\_\_\_\_



## ROUTING SHEET—CITIZEN/ORGANIZATION REQUESTS

Name of Applicant/Organization: COLUMBUS FIRE DEPARTMENT  
Contact Information: SCOTT HAZELTINE  
Date of Event: 10/6/24 Name of Event: OPEN HOUSE  
Date Received in Clerk's Office: 9-4-24 Date to Return to Clerk's Office: \_\_\_\_\_

### **FIRE DEPARTMENT RECOMMENDATION:** *Please forward to next department after review*

Approve ☒ Deny \_\_\_\_\_ Approve with restrictions \_\_\_\_\_  
Scott Hazel 9/4/24  
Signature Date

### **PUBLIC WORKS DEPARTMENT RECOMMENDATION:** *Please forward to next department after review*

Approve ☒ Deny \_\_\_\_\_ Approve with restrictions \_\_\_\_\_  
For the 9-4-24  
Signature Date

### **W&L DEPARTMENT RECOMMENDATION:** *Please forward to next department after review*

Approve ☒ Deny \_\_\_\_\_ Approve with restrictions \_\_\_\_\_  
W&L 9/4/24  
Signature Date

### **POLICE DEPARTMENT RECOMMENDATION:** *Please forward to next department after review*

Approve ☒ Deny \_\_\_\_\_ Approve with restrictions \_\_\_\_\_  
Police 09-04-24  
Signature Date

### **EOC RECOMMENDATION:** *Please forward to next department after review*

LARGE EVENT OPERATIONS PLAN: required: Y ☒ N notified: Y N received: Y N date: \_\_\_\_\_

Approve ☒ Deny \_\_\_\_\_ Approve with restrictions \_\_\_\_\_  
Amey 9/11/2021  
Signature Date

### **CITY ADMINISTRATOR RECOMMENDATION:** *Please return to Clerk, Susan Caine.*

Approve ☒ Deny \_\_\_\_\_ Approve with restrictions \_\_\_\_\_  
MA 9/4/24  
Signature Date