



STREET CLOSING APPLICATION

Name of Organization Applying for permit:

Contact Information:

Name: COLUMBUS FIRE DEPARTMENT- SCOTT HAZELTINE

Address: 123 WEST HARRISON ST.

Phone: 608-566-8134 email SHAZELTINE@COLUMBUS.WI.GOV

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

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

10/4/25 9 AM 3 PM
____ AM ____ PM

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

HARRISON ST FROM LUDINGTON TO POST OFFICE

Purpose for street closing:

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

ITEMS REQUESTED:

Barricades	<u>X</u> No ____ Yes ____	number needed
Trash Barrels	<u>X</u> No ____ Yes ____	number needed
Picnic Tables	<u>X</u> No ____ Yes ____	number needed
Umbrellas	<u>X</u> No ____ Yes ____	number needed
Stage	<u>X</u> No ____ Yes ____	

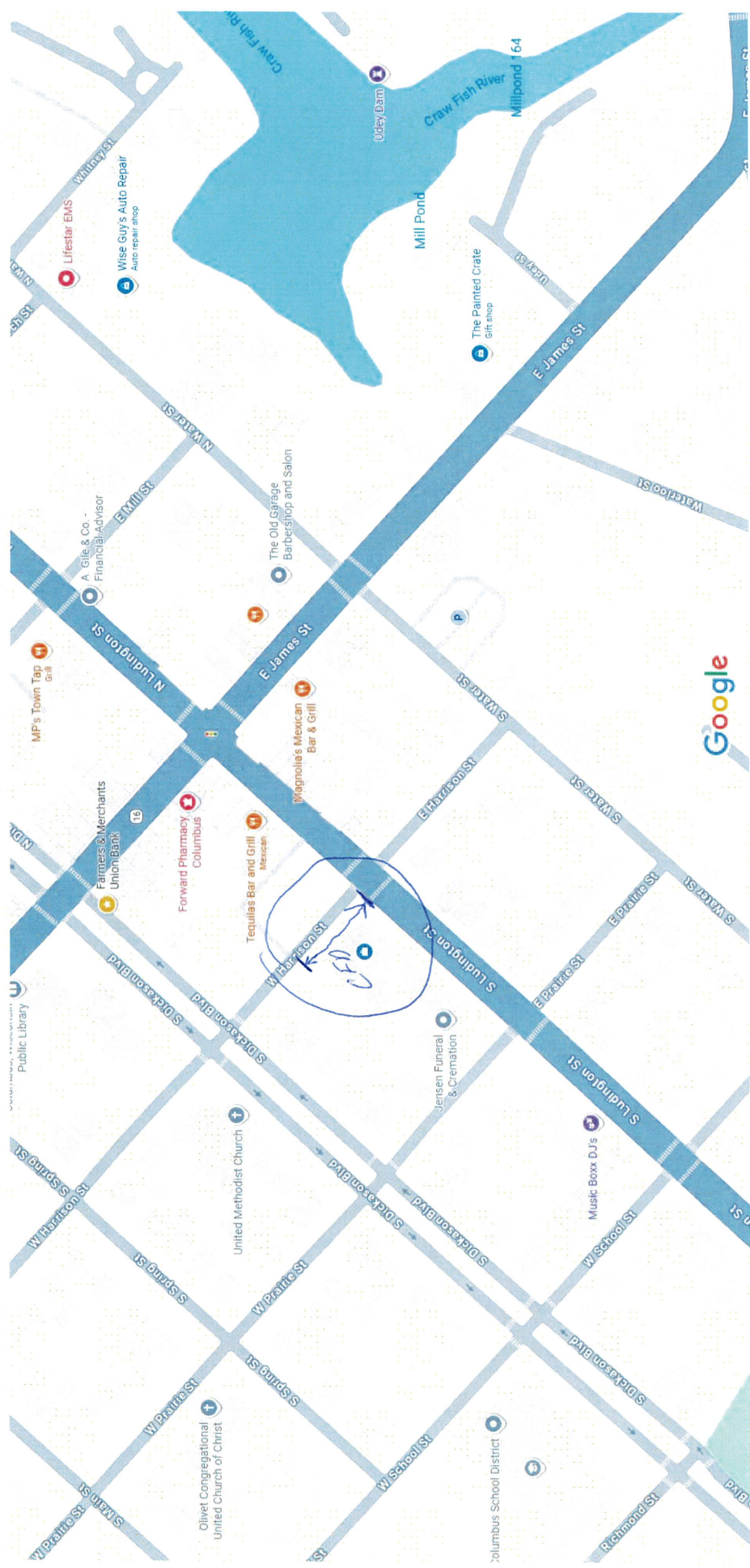
**IT IS THE APPLICANT'S RESPONSIBILITY TO CONTACT
DEPT OF PUBLIC WORKS THREE DAYS PRIOR TO EVENT
AT 920.623.5908 TO MAKE ARRANGEMENTS FOR ITEMS REQUESTED**

Scott Hazeltine
Applicant Signature

9-10-2025
Initials/date received in clerk's office

9/10/25
Date

Council Action ____
Date of Action ____



Map data ©2025 Google 100 ft