



STREET CLOSING APPLICATION

Name of Organization Applying for permit:

Name of Organization Applying for permit:
Joe Bourassa / Columbus Christmas House

Contact Information:

Name: Joe Bourassa

Address 137 N. Birdsey St

Phone 608-669-8003 email joeyb8813@gmail.com

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

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

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

100 Block of N. Birdsey

Purpose for street closing:

To provide additional space and safety to our yearly event.

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

ITEMS REQUESTED:					
Barricades	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes	4 number needed
Trash Barrels	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	number needed
Picnic Tables	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes	4 number needed
with umbrellas	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	number needed (15 maximum)
Fencing	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	number of sections (3 12' sections)
<i>additional fencing options available—see reverse</i>					

Applicant Signature

Date _____

Initials/date received in clerk's office

Council Action _____



COLUMBUS

ROUTING SHEET—CITIZEN/ORGANIZATION REQUESTS

Name of Applicant/Organization: Joe Bourassa /Columbus Christmas House
Contact Information: Joe Bourassa; 608-669-8003
Date of Event: 12-6-2025 Name of Event: Columbus Christmas House
Date Received in Clerk's Office: 11-4-25 Date to Return to Clerk's Office: 11-10-25

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

Approve ✓ Deny Approve with restrictions
Scott Rayett 11/4/25
Signature Date

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

Approve X Deny Approve with restrictions
Shane E Millard 11/5/2025
Signature Date

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

Approve Deny Approve with restrictions

Signature Date

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

Approve X Deny Approve with restrictions
 11/5/25
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: 11-5-25
Approve X Deny Approve with restrictions
 11-5-25
Signature Date

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

Approve ✓ Deny Approve with restrictions
 11-5-25
Signature Date

COLUMBIA COUNTY INTERACTIVE MAP

