



STREET CLOSING APPLICATION

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:

12-06-2025 3:30-8:30 am X pm
_____ am _____ pm

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	_____ No	<u>X</u> Yes	<u>4</u> number needed
Trash Barrels	<u>X</u> No	_____ Yes	_____ number needed
Picnic Tables	_____ No	<u>X</u> Yes	<u>4</u> number needed
with umbrellas	<u>X</u> No	_____ Yes	_____ number needed (15 maximum)
Fencing	<u>X</u> No	_____ Yes	_____ number of sections (3 12' sections)

additional fencing options available—see reverse

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

[Signature]
Applicant Signature

11-03-2025
Date

88-11-4-2025
Initials/date received in clerk's office

Council Action _____
Date of Action _____



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 Rayette
Signature

11/4/25
Date

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

Approve ☒ Deny ☐ Approve with restrictions ☐

Dwaine E Millard
Signature

11/5/2025
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 ☒ Deny ☐ Approve with restrictions ☐

[Signature]
Signature

11-05-25
Date

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

LARGE EVENT OPERATIONS PLAN: required: ☒ N notified: ☒ N received: Y N date: 11-5-25

Approve ☒ Deny ☐ Approve with restrictions ☐

[Signature]
Signature

11-5-25
Date

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

Approve ☒ Deny ☐ Approve with restrictions ☐

[Signature]
Signature

11-5-25
Date

