



Town of Portland, Connecticut ❖ www.portlandct.org

APPLICATION FOR:

Street Closure Permit

Town Code of Ordinances Chapter 19, Sec 19-2

Applications must be submitted to the First Selectman's Office 10 business days before start date.

Attach Certificate of Insurance, per Section 19-2(E)

PRINT CLEARLY or TYPE

PERMITTEE INFORMATION

Company Name: _____ Phone# _____

Address of Company: _____

Contact Person Name and Telephone Number: _____

DETAILED LOCATION INFORMATION

Desired Start Date: _____ Approximate End Date: _____

Start Time: _____ End Time: _____

Street Name: _____ Number: _____

Nearest intersecting road: _____

Partial Sidewalk Closure Partial Street Closure - number of lanes impacted: _____

Full Sidewalk Closure Full Street Closure

(Check One) Side of roadway: North South East West

Describe fully why application is being made: _____

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	First Selectman	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Senior Ranking Police Officer	Date: _____

New Permit Extending Existing Permit Permit # _____