

Status:

Permit #:

CITY OF HARRISBURG
APPLICATION FOR MOVING TRUCK ROAD CLOSURE

Public Works, 1820 Paxton Street, Harrisburg, PA 17104

PLEASE PRINT CLEARLY

Form will not be accepted without Email Address:

Name: _____ Today's Date: _____

Address: _____ Phone Home: _____

City: _____ State: _____ zip: _____ Work: _____

Email: _____

Closure Date: _____ Start Time: _____ Ending Time: _____

Name of Street to block off:

_____ St. From: _____ St. To: _____ St.

Reason: _____

The Applicant must make notification to any business or residents of this event that will be in that area.

****REQUESTING PARTY IS RESPONSIBLE FOR CLEAN-UP FOLLOWING THE EVENT****

By acceptance of this permit, the holder of it shall be bound by all applicable laws and ordinances. The person or persons to whom this permit is issued shall carry this permit on their person during the effective date(s), times, and shall be liable for any loss, damage, or injury sustained by any person or by the City resulting from the activity for which this permit has been issued for this purpose.

***** Form must be received no later than 3 business days prior to event date. *****

This permit is not valid unless signed by the City Engineer or the Traffic Manager.

Applicant Signature

Traffic Manager

City Engineer