



**Street Closure Application**

City of Beaver Falls  
Department of Community Development  
715 15th Street  
Beaver Falls, PA 15010  
Phone (724) 847-2800 x201 Fax (724) 847-4748  
Email - rburks@beaverfallspa.org

A fee of \$100.00 **per block, per day** will be assessed with this application. Check, money order or credit card accepted.  
Cash permitted if paying in person.

The City of Beaver Falls recommends this request be submitted no later than one (1) month before the event to ensure it has time to be processed by all the necessary channels including receiving approval from City Council who meet on the 2nd and 4th Tuesday of each month. We cannot ensure that any request submitted less than a month ahead of time will be approved with enough time to accommodate your planning efforts.

The maximum length of time a street will be approved for closure is six (6) hours.

A completed *Street Closure Alert Form* is to be given to every home and business located on the street being closed.

**Clean Up Responsibilities:** All waste from the event must be removed from the street and surrounding area within two (2) hours of the event's conclusion. For a disposal fee of \$50.00, the Department of Public Works will retrieve and dispose of all bagged waste. If you choose to opt out of this service, proper trash disposal will be your responsibility.

- I have included the additional \$50.00 trash disposal fee and will leave all bagged waste on the curb for pick-up within 2 hours of the end of the event
- I refuse the City's trash disposal service and will dispose of all event-related trash in a proper and timely manner

<b>Initials:</b>
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*All of the above requirements are subject to be ammended at the discretion of the City of Beaver Falls if the applicant or event would require and/or be approved for a level of exemption.*

If approved, this application for a street activity permit shall authorize the applicant to conduct a street activity as described below. It is subject to revocation if the applicant does not comply with all pertinent laws, rules and regulations, including any conditions or restrictions imposed by the City of Beaver Falls.

Applicant's Name:

Phone:	Email Address:		
Address:	City:	State:	Zip:

Which streets will be closed? (example: 4th ave. between 12th street and 13th street)

Date of the event:	Event Start Time:	Closure to start at:
	Event End Time:	Street re-opened at:

Briefly describe the proposed event:	Estimated number of people attending:
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I HEREBY CERTIFY that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to such penalties as may be prescribed by the City of Beaver Falls.

Signature

Date

**Office Use Only - Do not write below**

Application Date:	Application Number:
<b>Safety Committee</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Police Department</b> Notes:
Date:	<b>Public Works</b> Notes: