

Street Closure Permit Application

To the Clerk of the Village of Balsam Lake, County of Polk
The undersigned hereby applies for a Street Closure Permit

Business or Resident Name: _____

Physical Street Address: _____

Phone #: _____ Email address: _____

Name of special event: _____

Location of street closure: _____

Date of special event beginning _____ and ending _____

No fee permit

Dated this day _____

Signed: _____

Applicant

Signed: _____

Municipal Clerk

Permit # _____ Date permit granted by Village Board _____