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**Bloomdale Police Department**

**206 Vine St.**

**Bloomdale, Ohio 44817**

 **Chief of Police Mayor**

 **Robert L. Fitzgerald III Steven Schafer**

\*\*\*NOTE: NO APPLICATION WILL BE ACCEPTED IF SUBMITTED LESS THAN 30 DAYS IN ADVANCE AND MORE THAN
90 DAYS PRIOR OF PROPOSED CLOSURE.\*\*\*

APPLICATION FOR TEMPORARY STREET CLOSURE PERMIT

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Village of Bloomdale
Police Department

206 Vine St.

Bloomdale, Ohio 44817

I, the undersigned, having read and understood the Village of Bloomdale Street Closure Policy, do hereby
petition for the closure of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Street Name) (Cross Street) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Other Cross Street) (addresses at both ends of proposed street closure) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ for the purpose of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Date & Day of Week) (Time) (Time) (Detailed Description)
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entertainment will consist of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to comply with the Street Closure Policy and regulations and any other special conditions
imposed by the Village as Instructed by the Chief of police or the Village Mayor.

I certify that the list of affected residents/property owners appearing on the following
page(s) of this application, or attached, includes all “occupied” parcels of property abutting
the affected street.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_
 (Name in Print) (Address/Zip Code) Telephone

as applicant for the event and in accordance with City Street Closure Policy, agree to be personally
responsible for obtaining the permit for the street closure; and furthermore, I certify that I am 21
years old or older, and agree to:

1. Personally notify the Bloomdale Fire District and Bloomdale Police Department at the time when the barricades are placed AND when they are removed.

2. Supervise the placement and removal of the barricades, to be in place only during the approved
time and to be removed within one hour after the conclusion of the event.

3. Assure that all necessary clean-up of streets and adjacent properties is performed.
Signature of Applicant

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RESIDENTS/OWNERS OF PROPERTY ABUTTING STREET CLOSURES
(See temporary street closing permit application for details)

NOTE: 1. Addresses should be in numerical order.

2. Only one adult signature is needed per occupied household/or business.
We, the undersigned, do hereby consent to the Street Closure Permit as described on this
application.

ADDRESS NAME (PRINT) SIGNATURE

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