

APPLICATION NO.: _____

DATE RECEIVED: _____

APPLICATION FOR APPROVAL OF STREET CLOSING

TOWN CLERK
TOWN OF YORKTOWN
363 Underhill Avenue
Yorktown Heights, NY 10598

1. Name(s) and Address(es) of Person(s) seeking to conduct such use:

2. If use is proposed to be conducted for, on behalf of or by an Organization, List the Name, Address, and Telephone Number of the Headquarters of the Organization and the authorized and responsible heads of such Organization:

3. Name, Address and Telephone Number of the person who will be the Chairperson and who will be responsible for its conduct:

4. The Date and Time when the use is to be conducted:

5. The area of the road affected: _____

6. A list of properties affected with a map showing all properties that would have access limited by the permit:

7. Are alcoholic beverages going to be served? _____

This application with all necessary data filled in and attachments would be submitted to the Town Clerk, 363 Underhill Avenue, Yorktown Heights, NY 10598.

DATE:

To: Eric DiBartolo, Superintendent of Highways
Chief Dan Mc.Mahon, Police Department
Fire Marshall

From: Alice E. Roker
Town Clerk

Re: Street Closing Application_____

As usual, the approval of this application will be based upon your recommendation.