



City of Bellevue  
P. O. Box 825 Bellevue, ID 83313  
208-788-2128

## **STREET CLOSURE- SPECIAL EVENT**

<b>Applicant Information</b>		
Applicant Name: _____		
Work Phone: _____	Cell Phone: _____	Email: _____
Physical Address: _____		Mailing Address: _____
Business Name: _____		
Street Closure date(s): _____		
Street Closure time(s): _____		
<input type="checkbox"/> Route/ Street Closure map must be attached		
<b>Streets to be closed</b>		
<i>Names of Streets to be closed (attach further information on separate sheet if necessary)</i>		
Street Name: _____ between street: _____ And Street: _____		
Street Name: _____ between street: _____ And Street: _____		
Street Name: _____ between street: _____ And Street: _____		
Street Name: _____ between street: _____ And Street: _____		
Street Name: _____ between street: _____ And Street: _____		
Street Name: _____ between street: _____ And Street: _____		
Street Name: _____ between street: _____ And Street: _____		
<input type="checkbox"/> Attach to Special Event Permit		
Applicant's Signature: _____		Date: _____
<b>Official Use Only</b>		
Public Works Dept Signature: _____		Date: _____