



City of Miami
Road Closure Permit Application
(Revised 09/26/11)

Date _____

Section I. General Information- To be completed by applicant.

A. Organization: _____ Address _____

B. Point of Contact: _____ C. Phone #: _____
Email address: _____ Alternate Phone: _____

D. Signature of Applicant: _____ Name (Please Print): _____
Signature: _____

Section II. Road Closure Information

Return completed application to the Miami Police Department within 5 working days prior to event.

A. Name of Event _____

B. Dates for Road Closures: _____

C. Street(s) to be Closed: _____

D. Times for Closure: From: _____ To: _____

Section III. Notification of Road Closure

To be completed by applicant.

All businesses must be given the “Business Notification Sheet” to inform them of the proposed closure. The “Business Approval/Signature Form” must be filled out and returned to the Miami Police Department to attach to your application.

Have all businesses in the proposed closure area (unit block) been notified? Yes No

Section IV. City Administration Review- Official use only.

A. Miami Police Department Date _____
Reviewed the Application

B. Application was Reviewed Name _____
and Area Inspected by: Title _____

C. The application is hereby: Approved Denied
(Attach sketch of closure)

Note: If the applicant is denied, a detailed report must be attached.

Chief of Police

Date

Section V. Signatures and Consideration of Application- Official use only.

Approved Denied

City Manager

Date



City of Miami
Road Closure Permit Application- Business Notification Sheet

Please take notice that _____ has submitted an application to the City of Miami to close the following street(s) in the downtown area:

Streets (area) to be closed _____

Point of Contact: _____

Phone # _____

Dates:

From: _____ To: _____

Times:

From: _____ To: _____

If you have questions or concerns about the proposed road closure, please first contact the “Point of Contact” requesting the action. The requesting party will be able to answer any questions you might have regarding the proposed road closure.

The City will act upon the application once it is complete.

If you are opposed to the closure, please contact the office of the City Manager at (918) 541-2203.



City of Miami
Road Closure Permit Application- Business Approval/Signature Sheet

My business approves of the request to close the areas indicated on the “Business Notification Sheet” we were given.

Business	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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