



City of Burlington Street Closure Request Form

If you plan to host a special event in Burlington that includes a City park and will require a street closure, please submit this Street Closure Request Form and a detailed diagram of the closure request with your Special Event Permit Application to the Parks and Recreation Department at least 60 days prior to your event start date. The department can be contacted at: 900 E. Fairhaven Avenue, Burlington WA 98233
(Use East Entrance off Regent for Business Office)
P: (360) 755-9649 or F: (360) 755-1017
BParks@burlingtonwa.gov

Approval of street closure request is determined by the Burlington City Council. The closure request will be placed on the first available meeting agenda after its submittal and review. Applicant will be notified of meeting date and will be responsible for presentation of request at Council meeting. (Burlington City Council typically meets the 2nd and 4th Thursdays of each month. Meetings begin at 7:00PM.)

If your special event plans do not include use of a City park, contact the Burlington Planning Department for your street closure request: 833 S. Spruce Street, Burlington, WA 98233
(1st Floor, City Hall)
P: (360) 755-9717
BPlanning@burlingtonwa.gov

Application Date: _____

APPLICANT/ EVENT ORGANIZER INFORMATION

Name of Applicant/Organization: _____

Mailing Address: _____

(City, State, Zip): _____

Name of Primary Event Coordinator: _____

Phone1: _____ Phone2: _____ Email: _____

Cell Landline

Cell Landline

Name of Street Closure Coordinator on Event Day: _____

Phone1: _____ Phone2: _____ Email: _____

Cell Landline

Cell Landline

EVENT INFORMATION/OVERVIEW OF CLOSURE REQUEST

Name of your Event: _____

Start date of your Event: _____

Reason for closure request? Parade Run/Walk Street Fair/Festival Other: _____

Estimated number of participants/floats: _____ and/or Estimated number of spectators/guests: _____

Street Barricades: Will be provided by Event Organizer City-owned barricades are requested

For City Use

Date request submitted to City: _____ Associated Event Permit Number: _____

DEPARTMENTAL RECOMMENDATIONS

Department	Recommend Approval	Recommend Approval with Modifications	Approval Not Recommended	Comments
Fire/Fire Marshal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Works/Streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL FEES

Departments, if applicable, list additional fees to be assessed for **staff hours** required in conjunction with Closure:

Department	Number of Staff:	Estimated # of Hours	Per Hour Rate	Estimated Amount Due
				\$
				\$
				\$

ADDITIONAL COMMENTS

Approval Recommended Approval NOT Recommended

SIGNATURE: Parks and Recreation Director or Designee _____

PRINTED NAME: _____ DATE: _____

APPROVED* **DISAPPROVED** by Burlington City Council on this _____ day of _____ 20_____.

**Approval must not be considered complete until required insurance documentation has been received by the City.*

SIGNATURE: Mayor or Designee _____

PRINTED NAME: _____ DATE: _____