



SUPPLEMENTAL PERMIT STREET CLOSURES

01

Potentially Required Supplementals:

#11 Notice to Property Owners

#04 Generator/Elect.

#05 Business License

#02 Tents

#03 Stage

Type of ☐ Parade ☐ Fun Run Street ☐ Street Event or Festival Closure: ☐ Block Party (Check a box) ☐ Other:			Staff: This form is a supplement to the Application. For event date, title, contact information and other event details, please refer to the Application. Note: All Street Closures require proper and timely posting on street; and must have access for emergency vehicles								
Street Closures Requested								Internal Use Only Street Closures to begin/end			
Street To Be Closed: Fi		From Street (Intersection with)		To Street (Intersection with		vith)	From Time	To Time	From Time	To Time	
Street To Be Closed:		From Street (Intersection with)		To Street (Intersection with)		vith)	From Time	To Time	From Time	To Time	
Street To Be Closed:		From Street (Intersection with)		To Street (Intersection with)		vith)	From Time	To Time	From Time	To Time	
Street To Be Closed:		From Street (Intersection with)		To Street (Intersection with		vith)	From Time	To Time	From Time	To Time	
Street To Be Closed:		From Street (Intersection with)		To Street (Intersection with		vith)	From Time	To Time	From Time	To Time	
Street To Be Closed:		From Street (Intersection with)		To Street (Intersection with		vith)	From Time	To Time	From Time	To Time	
INSTRUCTIONS: Answer each question by filling in the blanks or checking the appropriate box. Street Closures require an Event Map (#10); and a Notice to Property Owners (#11) All Street Closures requires a completed "Event Map" (Supplemental #10) prior to City Review of Application (If requesting a parade, the Standardize Downtown Parade Route, on back, will be the Event Map); and a completed "Notice to Property Owners" (Supplemental #11).											
Parade	Standardize Parade Route The City of Tracy has a Standardize Downtown Parade Route (See Back), to facilitate ease of planning and review. If requesting a deviation to this route, please provide a map of your route. Please note any deviation is subject to approval and must be submitted 30 days prior to your event. Please note that parades must commence within 15 minutes of scheduled start time on permit.		If requesting a deviprovide a map of y following: • A complete roun • Staging/Start An • Ending/Assemble • All points for st. • Designated Par • Positions of Jude • All Comfort/Aid	Route Deviation If requesting a deviation to this roprovide a map of your route, with following: • A complete route, with street notes a Staging/Start Area • Ending/Assembly Area • All points for street closures • Designated Parking / Extra Pales a Positions of Judges, Officials, and All Comfort/Aid Stations Provide separate maps for the even and ending assembly areas.		Interv Lengtl Estima	Parade Units (of Units al Space Between h of Parade: ated (Passing) Tirue Classes / Age D				
Fun Run	Participants								dditional Information		
	Total Runners/Walkers Anticipated: List the Classes / Age Divisions being offered for every Spread Time (hr/min): Total Event Time			being planne Quantity of M the Route/Co		Ionitors stationed on		Is this event sanctioned by any organization? Yes No List Org: List Certifications of your most qua		_	
	(The fastest vs. the time of maxim	ne slowest at	(Estimated Time for all Participants to finish)		Explain your Communication System:		Medical Perso	onnel:	_		

Must be Routed to:

 $PW \, / \, PD \, / \, FD$

Date:

Additionally Required Supplementals:

#10 Event Map

Internal

Use