



southburlington
CITY CLERK

Permit Application For Use of Public Streets

Date of Application: _____ Application #: _____

Name of Group Requesting Permit: _____

Group Contact Person

Name: _____ Address: _____

Phone: _____ Email: _____

Description of Event (including Route, Time, Date): _____

Estimated Number of Participants: _____

Marshalling and Dispersal Areas in South Burlington: _____

Sanitation Provided: _____

Public Notice Provided: _____

Route Marking Proposed: _____

Public Safety Provided: _____

Liability Insurance Provided: _____

Signature of Applicant: _____ Date: _____

FOR CITY USE ONLY

Application Fee Paid: \$ _____ Date: _____

Permit Reviewed by:

Chief of Police _____

Fire Chief _____

Highway Supt. _____

City Health Officer _____

Permit Issued: _____

Permit Denied: _____ Reason: _____

Permit Conditions: _____

Date: _____

City Manager