



CITY OF WAUKESHA
CLERK TREASURER'S DEPARTMENT
 201 Delafield Street, Waukesha WI 53188
 City Hall Room 104
 Tel: (262) 524-3550 Fax: (262) 524-3888
www.waukesha-wi.gov

STREET CLOSING APPLICATION

FOR CITY DEPARTMENTS OR EDUCATIONAL FACILITY APPLICANTS ONLY

(Parking lanes, sidewalks, municipal parking lots, or trails)

- Application must be submitted to the Clerk's Office no earlier than 270 days and no later than 20 days before the date of the closure.
- No permit or fee required if City is the applicant.
- \$50 late fee if application if application is submitted less than 45 days before event.
- No more than 400 people on closed right-of-way at any given time.
- Waukesha Municipal Code 6.17 regulates street closings. Please visit the City code book at www.waukesha-wi.gov
- Closures of Public Rights of Way are subject to the regulations as defined in [Waukesha Municipal Code 6.17 \(14\) a-h](#)

➔ Are you a City of Waukesha department or an educational facility? Yes No

If you answered "No" to the above question, you cannot use this form. Please use the Street Closing Application for non city/educational facility applicants.

Applicant Information

Applicant's Name _____
 Name of City Department or Educational Facility _____
 Phone Number _____ Email _____
 Address (include city/zip) _____

Event Information

Name of Event _____ Repeat Event? Yes No
 Purpose of Event _____
 Event website (if any) _____
 Date(s) of Proposed Event _____
 Time event will assemble _____ Time event will begin _____
 Time event will end _____ Time event will disband _____
 Name of contact person on day of event _____ Cell _____

AREA OF STREET TO BE CLOSED - ATTACH MAP OF PROPOSED CLOSURE AND INDICATE PROPOSED USE:

Number of blocks to be closed (block means the distance between intersections on a City Street, or 200 yards whichever is shorter) _____

Number of Barricades Needed _____

Will this event include: **Music?** Yes No **Vehicles?** Yes No **Animals?** Yes No

If yes, please explain: _____

Do you intend to place any objects or items into the proposed area of closure: Yes No

Do you intend to have any vending of items or services for sale or display into the proposed area of closure: Yes No

If you answered yes to either question above, please explain in full detail: _____

*Approximate maximum number in attendance at one time (additional regulations for large special events of more than 400) _____

Attendance estimate based on? _____

Fees for Educational Facilities Only – City Applicants are exempt from fees

The following street closing fees shall be paid when filing the applications, per application, and shall not be refundable. City applicants are exempt from fees.

STREET CLOSING:	AMOUNT
Closure of 1 – 7 blocks	\$50.00
Closure of 8 or more blocks	\$150.00
Late Fee <i>(if filed less than 45 days before event)</i>	\$50.00

Applicant Signature

I hereby make an application for a Street Closing Permit as detailed above. I agree to abide by the requirements of all City of Waukesha ordinances and State laws.

Signature _____ Date _____

FOR OFFICE USE ONLY!

Date Application Received in Clerk's Office _____ Clerk's Initials _____

Map provided Amount Due _____ Date Paid: _____

Department Routing:

Police _____ Fire _____ Engineering _____ Transit _____ WPRF _____ Attorney _____

Approved Denied Clerk Processing Permit _____ Date _____

Municipal Lot Closure:

Building & Grounds Committee Approval _____ Council Approval _____

MISC NOTES: _____

