



Street Closing Permit

The Borough of Hollidaysburg

401 Blair Street, Hollidaysburg, PA 16648 (814) 696-7543
 www.hollidaysburgpa.org FAX: (814) 696-0636
 TTY: (814) 696-0300

Date _____	
Organization _____	Phone _____
Person Making Request _____	
Address _____	Phone _____
Purpose _____	
Requirements _____ _____	
Street Closing required YES____ NO ____	
Dates to be Used _____ _____	Time _____ Time _____

I hereby certify that the above information is true and correct. In addition, I agree to comply with all rules, regulations and ordinances governing this application as contained in the effective ordinances, orders, laws and acts of the Borough of Hollidaysburg. I further agree to be bound by any special conditions, restrictions and regulations as may be imposed by the Borough Manager.

Please return this completed form to the Office of the Borough Manager, 401 Blair Street.

_____ Applicant's Signature	_____ Date
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ACTION TAKEN:

<input type="checkbox"/> Permit Denied <input type="checkbox"/> Permit Approved	_____ Date	_____ Permit Number
_____ _____	Restrictions or requirements: 	