

The City of York  
Pennsylvania

Michael Ray Helfrich, Mayor



Economic and Community Development

101 South George Street  
York, PA 17401  
www.yorkcity.org

# SIDEWALK CONSTRUCTION CLOSURE PERMIT APPLICATION

OFFICE USE ONLY

PP&Z RECEIVED STAMP

APPLICATION COMPLETE

FEE:

CASH

SITE PLAN ATTACHED

PERMIT NUMBER:

CHECK NUMBER

RECEIVED BY:

PLAN REVIEW NUMBER:

ADDRESS:

OWNER/APPLICANT:

ADDRESS:

STREET

STATE

ZIP CODE

TELEPHONE:

CELL PHONE:

BUS. PHONE:

EMAIL ADDRESS:

24-HOUR EMERGENCY CONTACT PERSON:

TELEPHONE:

CELL PHONE:

A 24-HOUR EMERGENCY CONTACT MUST BE PROVIDED IN THE EVENT OF AN ON SITE EMERGENCY. SHOULD THE EMERGENCY CONTACT PERSON NOT RESPOND TO CALLS, THE PERMIT MAY BE REVOKED.

EMAIL ADDRESS:

REQUESTED CLOSURE PERIOD:

DATE

UNTIL

DATE

ORIGINAL APPLICATION

RENEWAL REQUEST

RENEWAL PERIOD:

# OF DAYS

### APPLICANT PLEASE READ AND INITIAL

THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND LEGIBLY. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE RETURNED TO THE APPLICANT WITHOUT ACTION. THIS APPLICATION IS FORM FILLABLE AND IT IS STRONGLY SUGGESTED THAT IT BE FILLED OUT ELECTRONICALLY TO ENSURE LEGIBILITY. YOUR APPLICATION MUST BE REVIEWED BY THE TRAFFIC SAFETY COMMITTEE AND/OR THE POLICE AND FIRE DEPARTMENTS. THIS REVIEW MAY TAKE SOME TIME SO IT IS RECOMMENDED THAT YOUR APPLICATION BE SUBMITTED AS FAR AHEAD OF THE ACTUAL CLOSURE DATE TO ENSURE PRIOR APPROVAL. NO CLOSURE MAY BE TAKE PLACE WITHOUT APPROVAL AND ISSUANCE OF THE REQUIRED PERMIT. INITIAL: \_\_\_\_\_

APPLICANT MUST PROVIDE A SITE PLAN (MIN. 11" X 17") THAT DETAILS THE SIDEWALK CLOSURE INCLUDING METHODS AND MATERIALS USED TO CLOSE THE SIDEWALK, LOCATIONS OF PEDESTRIAN SIGNAGE (SIGNAGE MUST BE PROVIDED AT EACH INTERSECTION DIRECTING PEDESTRIANS TO THE OTHER SIDE OF THE STREET), AND ANY OTHER INFORMATION NEEDED TO DEMONSTRATE COMPLIANCE WITH ARTICLE 753.05. INITIAL: \_\_\_\_\_

**PROVIDE A DESCRIPTION/REASON FOR THE CLOSURE (SEE ARTICLE 753.05):**

**.... APPLICANTS FOR ALL PERMITS MUST COMPLETE THIS SECTION ....**

I hereby certify that the information provided hereon is true and accurate. I acknowledge that if any information contained hereon is inaccurate or false that the permit issued as a result will be revoked and any sidewalk closure will be ordered immediately removed.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# APPLICATION REVIEW

## TRAFFIC SAFETY COMMITTEE/DIRECTOR PUBLIC WORKS

DATE RECEIVED BY COMMITTEE:

MEETING DATE:

APPROVED

APPROVED WITH COMMENTS

DENIED

COMMENTS:

FOR THE COMMITTEE:

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

DATE

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### POLICE DEPARTMENT

DATE RECEIVED BY POLICE DEPT:

APPROVED

APPROVED WITH COMMENTS

DENIED

COMMENTS:

FOR POLICE DEPT:

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

DATE

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### FIRE DEPARTMENT

DATE RECEIVED BY FIRE DEPT:

APPROVED

APPROVED WITH COMMENTS

DENIED

COMMENTS:

FOR FIRE DEPT:

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

DATE

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### BUILDING CODE OFFICIAL

DATE RECEIVED BY BCO:

APPROVED

APPROVED WITH COMMENTS

DENIED

COMMENTS:

BCO SIGN OFF:

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

DATE