

**APPLICATION FOR RESIDENTIAL STREET CLOSURE**

**City of Brighton  
200 N. First Street  
Brighton, MI 48116  
(810) 227-1911**

**Nature, Purpose, Description for Street Closure:** \_\_\_\_\_

\_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Time Period for Street Closure:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**Applicant's Driver License Number:** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_

**PLEASE ATTACH A SKETCH OF THE PORTION OF THE STREET TO BE CLOSED**

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**Reviewed By:**

\_\_\_\_\_  
**Fire Chief**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Police Chief**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**DPW Director**

\_\_\_\_\_  
**Date**

**Approved By:**

\_\_\_\_\_  
**City Manager**

\_\_\_\_\_  
**Date**

**\*\$200.00 Fee**