Application for Temporary Street and Lane Closures

City of Oregon, Illinois

115 N. 3rd St. ♦ Oregon, IL 61061 ♦ (815)732-6321 ♦ Fax: (815)732-7292

Street Department Phone (815)732-6411

Note: Allow 14 days for processing any closures.

Date: _____

Name of Applicant: _____

Address: _____

City: _____ State: _____Zip Code: _____

Phone: _____Emergency Phone: _____Fax: _____

Additional Contact: _____Phone: _____

Address of Closure: _____

Description of Event: _____

Start Date: _____Completion Date: _____

Proposed Hours: _____Duration: _____

- Before this application can be approved, the following must also be submitted with this application:
  1. Residential and/or Business Block Event Acknowledgement Form.
  2. $100.00 Fee

Check all that apply:

Street Type: 2-Lane Street _____ Multi Lane _____ Raised Median Island _____

Closure Requested: Partial Street Closure _____ Full Closure _____ Intersection _____

Left Turn Lane _____ Right Turn Lane _____ Shoulder Adjacent _____

Daytime Lane Closure _____ Overnight Lane Closure _____

Direction: North _____ South _____ East _____ West _____

Hours Requested: Start Time: _____ End Time: _____

Is This a Mass Gathering Event? Yes _____ No _____

Will Alcohol be served at this Event? Yes _____ No _____

FOR OFFICIAL USE ONLY:

Traffic Control Plan Required? Yes _____ No _____

Advance Notification Signs Required? Yes _____ No _____

Comments/Conditions: _____

Received by: _____

Approved by Chief of Police: _____ Date: _____

Approved by Public Works Director: _____ Date: _____

Return a PDF or handwritten form to City Hall. No photographs of forms will be accepted.

Business Block Event Acknowledgment Form

All affected businesses on the block being closed off must sign an acknowledgement of the proposed event, certifying that they have been made aware of the temporary closure of the street. The signatures must be originals (no copies).

By signing below, I acknowledge that _____
(Description of street(s)/parking to be closed)

will be blocked off from _____ to _____ on _____.
(Start Time) (End Time) (Day, Date(s))

Business Name	Business Address	Printed Name	Phone Number	Signature

Residential Block Event Acknowledgment Form

At least 75% of the households on the block being closed off must sign an acknowledgment of the proposed event, certifying that they have been made aware of the temporary closure of the street. The signatures must be originals (no copies).

By signing below, I acknowledge that _____
(Description of street(s)/parking to be closed)

will be blocked off from _____ to _____ on _____.
(Start Time) (End Time) (Day, Date(s))

Name of Owner	Address	Printed Name	Phone Number	Signature