

EQUIPMENT PLACEMENT	CITY OF PHILADELPHIA	OFFICIAL USE ONLY
APPLICATION FOR STREET CLOSURE	STREETS DEPARTMENT HIGHWAYS RIGHT OF WAY UNIT 940 MUNICIPAL SERVICES BUILDING 1401 JOHN F. KENNEDY BOULEVARD PHILADELPHIA, PA 19102-1676 (215) 686-5501 PHONE/(215) 686-5062 FAX	M.D.O ? APPROVED _____ ? DENIED INITIALS DATE POLICE ? APPROVED _____ ? DENIED INITIALS DATE ROW INSP. ? APPROVED _____ ? DENIED INITIALS DATE
? NEW PERMIT ? EXTEND EXISTING PERMIT PERMIT # _____		

APPLICANT INFORMATION					
APPLICANT		COMPANY (IF APPLICABLE)		ADDRESS	
CITY		STATE		ZIP CODE	
PHILADELPHIA TAX I.D. NUMBER	PHONE ()	FAX ()	ALTERNATE ()	? PAGER	PIN # _____
				? CELLULAR	

APPLICATIONS MUST BE RECEIVED BY 12 NOON AT LEAST 10 BUSINESS DAYS BEFORE START DATE			?	START DATE / /	END DATE / /
ON STREET / ADDRESS	FROM STREET	TO STREET	START TIME : AM PM	END TIME : AM PM	

DETAILED LOCATION INFORMATION			
WORK LIMITS: ? PARTIAL SIDEWALK CLOSURE	? PARTIAL STREET CLOSURE	NUMBER OF LANES IMPACTED _____	
? FULL SIDEWALK CLOSURE	? FULL STREET CLOSURE	PARKING METER NUMBERS _____	

PURPOSE OF CLOSURE
<input type="checkbox"/> BOOM OR LIFT (NOT CRANES) <input type="checkbox"/> CONSTRUCTION FENCE <input type="checkbox"/> CONSTRUCTION TRAILER <input type="checkbox"/> DEMOLITION * <input type="checkbox"/> EQUIPMENT DELIVERY <input type="checkbox"/> FAÇADE RESTORATION * <input type="checkbox"/> FOOTWAY RESTORATION * <input type="checkbox"/> PROMOTIONAL DISPLAY <input type="checkbox"/> ROLL-OFF DUMPSTER <input type="checkbox"/> SCAFFOLDING <input type="checkbox"/> SHELTER PLATFORM * <input type="checkbox"/> TEMPORARY LOADING ZONE <input type="checkbox"/> OTHER _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
* ATTACH COPY OF BUILDING PERMIT (L&I) OR CURB AND FOOTWAY PERMIT (HIGHWAYS)

