Form: COM-ENG-109

RIGHT OF WAY PERMIT - SPECIAL EVENT
City of Morgantown

Date of Event: _____
Time of Event: From _____ Until: _____
Describe Event: _____
_____
_____
_____

Applicant Name: _____
Address: _____
Phone: _____

Applicant Signature: _____ Date: _____

Description of Right of Way area to be utilized (i.e. sidewalk, street, etc. –include any addresses)_____
_____
_____
_____
_____

*Applicant responsible for any necessary barricades and /or signage required.

- Street closure requires notification to MECCA 911 at time of closure (599-6382)
- Applicant responsible for any clean-up of trash and debris from area.
- Applicant responsible for obtaining signature of all abutting property owners stating notification and approval (on back of this form)
- Applicant must allow access for emergency vehicles at all times.

REVIEW AND APPROVAL

Fire Dept. Approval _____ Date: _____
Police Dept. Approval _____ Date: _____
Public Works Approval _____ Date: _____

Conditions of Approval: _____
_____
_____

Approval _____ Date: _____
City Manager