



# CITY OF REDONDO BEACH

## DEPARTMENT OF ENGINEERING & BUILDING SERVICES

### STREET CLOSURE PERMIT

PERMITTEE	
NAME:	
STREET ADDRESS:	
CITY / STATE / ZIP:	
PHONE:	
CITY BUSINESS LICENSE:	EXPIRES:

RECEIPT NO.	PERMIT NO.
EVENT	
DATE:	TIME:
TYPE:	
PURPOSE:	
LOCATION:	

STREET CLOSURE		
WILL IT BE NECESSARY TO CLOSE ALLEYS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH?	
WILL IT BE NECESSARY TO MODIFY OR RE-TIME ANY TRAFFIC SIGNALS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH?	
WILL IT BE NECESSARY TO CLOSE DEAD-END STREETS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH?	

OTHER DEPARTMENTAL AUTHORIZATION				
DEPARTMENT	AUTHORIZED SIGNATURE	APPROVAL	FEES	DEPOSITS
POLICE				
FIRE				
PUBLIC WORKS				

FEES AND DEPOSITS	
PERMIT FEE	
INSPECTION FEE	
<b>TOTAL FEES</b>	
CASH DEPOSIT	
DEDUCTION	
<b>TOTAL REFUND</b>	

ATTACHMENTS	
COPY	EXPIRES
PERMITTEE'S CA ID	
INSURANCE CERTIFICATE	
PERMIT GUIDELINES	
PETITION / LETTERS OF CONSENT	

INSPECTION RECORD
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*I, THE PERMITTEE, HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, AND STATE THAT THE INFORMATION THAT I HAVE GIVEN ABOVE, IS CORRECT. I, THE PERMITTEE, HEREBY AGREE TO COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS, RULES, AND REGULATIONS, INCLUDING THE ATTACHED GUIDELINES OF THIS PERMIT.*

INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

RELEASED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
PERMITTEE OR PERMITTEE'S AUTHORIZED AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ISSUED BY

\_\_\_\_\_  
DATE