



CITY OF JACKSONVILLE – DEPARTMENT OF PUBLIC WORKS REQUEST FOR TEMPORARY CLOSING OR SPECIAL USE OF CITY ROAD

DO NOT USE THIS FORM IF YOUR EVENT INVOLVES THE CLOSURE OF A STATE ROAD AND/OR
LOCKDOWN OF THE MAIN STREET OR ORTEGA DRAWSPAN
PLEASE SUBMIT THE "TEMPORARY CLOSING OF STATE ROAD" PERMIT
Direct questions or submit form to PWAdmin@coj.net or fax to (904) 255-8905

DATE SUBMITTED: _____

DATE(S) OF EVENT: _____

NAME OF ORGANIZATION/EVENT SPONSOR		APPLICANT/CONTACT NAME		CONTACT PHONE	
CONTACT E-MAIL ADDRESS				CONTACT FAX	
TITLE OF EVENT					
HAS THE JACKSONVILLE SHERIFF'S OFFICE BEEN CONSULTED ABOUT THIS CLOSURE? _____ YES _____ NO					
NAME OF OFFICER(S) THAT PROVIDED INPUT: _____					
WILL THIS BE A HOLD-AND-RELEASE EVENT? (NO CLOSURES REQUIRING BARRICADES AND TRAFFIC DETOURS) _____ YES _____ NO					
IS THE JACKSONVILLE SHERIFF'S OFFICE PROVIDING TRAFFIC CONTROL? _____ YES _____ NO IF NO, PLEASE NAME PARTY HANDLING TRAFFIC CONTROL: _____					
EVENT DURATION <i>Example: 4 hours, 8 a.m. until 12 p.m.</i>		IF ROAD CLOSURE(S) INVOLVED: CLOSURE START TIME (INCL. SET UP/BARRICADES) CLOSURE END TIME (BARRICADES REMOVED)			
PLEASE DESCRIBE ROAD(S) TO BE CLOSED AND/OR THE EVENT ROUTE AND ATTACH MAP (REQUIRED) <i>"See Attached Map" is not acceptable. Please list each road that will be closed (with limits from – to) and the duration of the closure.</i> DO NOT USE THIS FORM FOR EVENTS THAT WILL CLOSE STATE ROAD(S) AND/OR REQUIRE LOCKDOWN OF THE MAIN STREET OR ORTEGA DRAWSPAN					
PLEASE DESCRIBE DETOUR ROUTE AND ATTACH MAP (If applicable)					
SPECIAL CONDITIONS: _____ CHECK IF NONE					
Estimated number of attendees (incl. workers/participants/spectators): _____ EVENTS THAT DRAW MORE THAN 500 MUST BE COORDINATED WITH THE CITY OF JACKSONVILLE OFFICE OF SPECIAL EVENTS					
TYPED NAME AND TITLE (INCLUDE BADGE NO. IF APPROPRIATE)		SIGNATURE OF LAW ENFORCEMENT REPRESENTATIVE		DATE SIGNED	
TYPED NAME AND TITLE OF COJ PUBLIC WORKS OFFICIAL		SIGNATURE OF COJ PUBLIC WORKS OFFICIAL		DATE SIGNED	