



City of Lansing
Street/Block Closure Request and/or Noise Waiver Form
NON-CONSTRUCTION EVENTS ONLY

Virg Bernero
Mayor of Lansing

Date of Request _____

Street(s): _____

Date(s): _____ Start Time: _____ End Time: _____

Note: Please provide detailed explanation if duration exceeds five (5) hours.

Projected number of participants: _____

Pedestrian event: Y or N (please circle)

Purpose: _____

Organizer (Contact Person): _____

Address (Home): _____

Representing (Organization Name): _____

Address _____

(A contact phone number is required. Fax and email are optional.)

Telephone # _____ On-site/Cellular # _____

Fax: _____ E-mail: _____

Acknowledgement by Organizer/Responsible Party:

The undersigned does hereby acknowledge that the City of Lansing requires that any Street/Block Closure granted by the City of Lansing will conform to all applicable local ordinances and state laws.

Activities such as, but not limited to, the consumption of alcohol, excessive noise*, profanity, drug use or distribution are strictly prohibited, and shall be enforced.

Duly signed by: _____

Name: _____

* Noise Waiver Requested: Yes No

Barricades to be delivered to:

Will a CATA Bus Route be impacted? Yes No

Please indicate if the following are in the area: Nursing Home; Day Care; Multi-Family Apartments
(Please circle all that apply)

Type of announcement for the event: Word of mouth; Flyer; Newsletter; Radio; Advertisement; Other
(Please circle one or more)

The above request **must be** circulated to all households within the requested closure area. Consideration of the request will only occur with at least 50% of the residences and or businesses on the street(s) supporting the requested area to be closed. Signatures from each household within the requested area must appear on the attached form.

Signatures are required for the Street/Block Closure and Noise Waiver, if applicable. All households, which are defined as unique addresses within the requested area, must be notified of the request for street closure and/or noise waiver as detailed on this application form. Each household must indicate support (Y) or opposition (N) in the appropriate column.

Date Organizer Notified of Approval or Decline: _____

Approved Declined

Signed by the Director of Planning & Neighborhood Development Department:

Bob Johnson
Director

****Please note: One lane of closed area must remain open at all times for emergency vehicles!!!**

Post date forwarded to, if necessary, to the following departments (Office Use Only):

Transportation _____

Parks & Recreation _____

Lansing Neighborhood Council _____

Lansing Police Precinct Captain _____

Public Service Department _____

Send Completed Request Two Weeks Prior to Event To:
Planning & Neighborhood Development Department
Office of the Director
316 N. Capitol Avenue, Suite D-1, Lansing, MI 48933
Phone: (517) 483-4060 - Fax: (517) 483-6036
rjohnson@ci.lansing.mi.us

For Office Use Only: Number of driveway cuts in requested area: _____
SEPA Recommended: Y or N (please circle)

