



Street or Sidewalk Closing Application & Permit

Please submit the form at least 2 weeks in advance. Street Closing Permits are not considered approved until the applicant has received a signed copy back.

Street Closure

Sidewalk Closure

Location Information

Location (street/sidewalk to be closed) _____

Cross Streets of Location _____

Closure to Begin: Month _____ Day _____ Year _____ Start Time _____ am pm

Closure to End: Month _____ Day _____ Year _____ End Time _____ am pm

Can an emergency vehicle get through if necessary (*street closure only*): Yes No

Applicant Information

Organization Name _____

Applicant Name _____ Email _____

Address _____ Phone _____

Purpose

Please describe the reason for closure:

To apply online, click "Submit" or save and email the PDF to PWServReq@hopkinsmn.com.

To apply by mail, print and mail this application to the address at the top.

For Office Use Only

Traffic Recommendation: Yes No

MTC Notification Required Yes No

Date MTC Notified: _____

Police Recommendation (*street closings only*) Yes No

Approved

Disapproved

Public Works Director _____

Date _____

Parks & Streets Supt. _____

Date _____

Copy Distribution: APPLICANT PUBLIC WORKS POLICE FIRE EMAIL MTC