



CITY OF LANSING

Local Street/Block Closure and/or Noise Waiver Request
(Non-construction Events Only)

Reset Form

Print

Note: Department must receive completed form at least three (3) weeks prior to the event

Application date: _____ Received by EDP _____

Organizer (contact person): _____

Address (home): _____ Zip Code: _____

Representing (organization name): _____

Address: _____ Zip Code: _____

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

Phone: _____ Cell: _____

Fax: _____ Email: _____

What is your event? _____

Event date(s): _____ Start Time: _____ End Time: _____

Purpose: _____

Location of event: _____

Are local street closures required? Yes No

If Yes, please be every specific about the local street(s) / block(s) to be closed:

Note: please provide detailed explanation if duration of the event will exceed five (5) hours.

Projected number of participants: _____ Pedestrian event? Yes No

Noise waiver requested? Yes No

Acknowledgement by organizer/responsible party:

The undersigned does hereby acknowledge that the City of Lansing requires that any Local Street/Block Closure request granted by the City of Lansing will conform to all applicable local ordinance 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: _____

Print or type name here: _____

Barricades to be delivered to:

Name: _____ Address: _____

Phone: _____

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

Please indicate if the following are in the area (check all that apply): Nursing home Day Care

Multi-family apartments

Type of announcement for the event (check all that apply): Word of mouth Flyer Newsletter Radio
 Advertisement Other _____

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

This request **must be** circulated to all households within the requested local street closure / noise waiver area. Consideration of the request will only occur if at least 50% of the signatures or residences and/or businesses in the affected local street / block closure / noise waiver area approve. Signatures from each household within the requested area must appear on the attached form.

Send completed request to:

Department of Economic Development and Planning
Office of the Director
316 N. Capitol Ave., Suite D-1, Lansing, MI 48933
517-483-4060
Fax: 517-483-6036
Maryjo.powell@lansingmi.gov

PLEASE NOTE: The Department must receive the request at least three (3) weeks prior to the event.

Office Use Only

Date organizer notified of approval or decline: _____ Approved Declined

Signed by the Director of Economic Development and Planning

Brian McGrain, Director

Date

Forward to the following departments for approval:

Transportation & Parking _____

Public Service _____

Lansing Police Department _____

Lansing Fire Department _____

Neighborhoods & Citizen Engagement (NCE) Notified _____ SEPA recommended? Yes No

