

City of Plymouth
128 Smith St. - P.O. Box 107
Plymouth, WI 53073-0107



Wisconsin's Heartland... On the Grow

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Office of the Clerk-Treasurer
APPLICATION FOR STREET USE PERMIT

Date _____

1. **Applicant/Applicants Name:** _____
Address: _____
Phone: _____

2. **If the proposed street use is to be conducted for, on behalf of, or by an organization, the name, address and telephone number of the headquarters of the organization and of the authorizing responsible heads of such organization:** _____

3. **The name, address and telephone number of the person/persons who will be responsible for conducting the proposed use of the street, if different than above:**

4. **The date and duration of time for which the requested use of the street is proposed to occur:**

5. **An accurate description of that portion of the street proposed to be used:** _____

6. **The approximate number of persons for whom use of the proposed street area is requested:**

7. **The proposed use, described in detail, for which the Street Use Permit is requested:**

\$15.00 Fee – Receipt No. _____

Recommendation – Director of Public Works _____
Recommendation – Chief of Police _____

