CITY OF CONROE
COMMUNITY DEVELOPMENT
(936) 522-3610

CITY OF CONROE
STREET CLOSURE PROCEDURE

A Street Closure Application may be obtained from the Community Development Department, Building Division, located at City Hall, 300 W. Davis, Monday through Friday from 8:00 a.m. to 5:00 p.m.

You must submit your application and allow at least 10 working days to process your application. If your application is denied, you will be notified by mail as to the reason for the denial. The denial may be appealed to the City Council. Street Closure Fee is $35.00.

The following location and time restrictions apply:

A. Except for necessary crossings along an otherwise permitted route, no street closures shall contain any portion of the following streets, roads, or highways:

   Interstate Highway 45, including its service roads.

B. Between the hours of 7:00 a.m. and 9:00 p.m., or 11:00 a.m. and 1:00 p.m., or 3:30 p.m. and 6:00 p.m. of any day other than Saturday, Sunday, or a legal holiday, no street closure shall contain any portion of the following streets, roads or highways:

   1. State Highway 75 along that portion of the highway lying within Loop 336.
   2. State Highway 105 from its intersection with Interstate Highway 45, east to its intersection with College Street.
   3. North Loop 336 from its northern intersection with State Highway 75, west to its intersection with State Highway 105.

C. Please check with the Lake Conroe Area Convention & Visitors Bureau’s Calendar of Events website at http://www.lakeconroecvb.org/evdbz.cfm.

Please fill out the Events Submission Form (Form attached) if you wish to have your event posted on their calendar. Otherwise please check their calendar for event conflicts.

NOTE: ANY QUESTIONS MAY BE ADDRESSED TO COMMUNITY DEVELOPMENT DEPARTMENT AT (936) 522-3600.
STREET CLOSURE APPLICATION

Name of Applicant: ___________________ Phone: ___________ Email: ___________________

Mailing Address: ______________________ City: ______________ State: _____ Zip: _______
Name of Chairperson ___________________________ Phone ______________________

Street Address: _________________________ City: ______________ State: _____ Zip: _______

Organization/Firm/Corporation requesting Street Closure:

_________________________________________ Phone: ______________________

Mailing Address: _________________________ City: ______________ State: _____ Zip: _______

Date requested for Closure: _______________ Date: _______________ Time of Day: ____________

Streets proposed to be used for the event:

___________________________________________________________________________

___________________________________________________________________________

Please include a map with the proposed streets to be closed.

Statement of applicant’s authorization to make this application on behalf of the Person(s), Organization, Firm or Corporation seeking the permit:

___________________________________________________________________________

* Indicate any business/office impacted by this street closure on the attached sheet (Signature page attached.)

Signature of Applicant __________________________________________ Date

NOTICE TO APPLICANT

- Applicant must call the following departments at least one week prior to the event during regular business hours (M-F 8:00 to 5:00).
- Police Department (936)522-3200       Fire Department (936)522-3080
- THIS PERMIT IS VALID ONLY IF STAMPED PROPERLY

For Office Use Only

$35.00 Permit fee received: _____________

Permit approved subject to: __________________________________________________________________

Date last closure for this organization approved: ________________

Copy:   ____ Fire Department       ____ Police Department       ____ Public Works

300 West Davis, Conroe, Texas 77301
Street Closure  
By Affected Business/Office

ALL BUSINESSES AFFECTED BY CLOSURE MUST SIGN WHETHER OPEN OR CLOSED  
AT THE TIME OF STREET CLOSURE

Date: _______________

Date of Street Closure: _______________

Street to Be Closed: _______________ Between: _______________ and _______________

Organization Requesting Street Closure: __________________________________________

Time Street Will Be Closed: _______________ am/pm to _______________ am/pm

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<th>Name of Business/Office</th>
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