Village of Johnstown
Administrative Offices
www.johnstownohio.org

VILLAGE OF JOHNSTOWN, OHIO

599 S. Main Street
PO Box 457
Johnstown, Ohio 43031
Telephone: 740-967-3177
Fax: 740-967-3519

ROAD CLOSURE PERMIT APPLICATION FORM

Organization's Name: _____

Contact Person: _____

Telephone Number: _____ email:_____

Date of Road Closure: _____

Starting Time of Road Closure: _____ a.m / p.m.

Ending Time of Road Closure: _____a.m. / p.m.

Reason or Purpose of Road Closure: _____

Street Name: _____

Between what intersections? _____

PLEASE ATTACH MAP OR DRAWING OF ROAD CLOSURE LOCATION.

I hereby certify that all information given on this application is true and correct to the best of my knowledge and that I am authorized to submit this application.

_____ _____ _____
Applicant Printed Name Signature Date

Police Department Approval: _____ _____
Signature Date

Fire Department Approval: _____ _____
Signature Date

Village Manager's Signature: _____ _____
Jim Lenner Approval Date