

CITY OF NEW HAVEN- DEPT. PUBLIC WORKS 34 MIDDLETOWN AVENUE NEW HAVEN, CT 06513 Telephone (203) 946-7700 Fax (203) 946-7357`



Justin Elicker

Mayor

Michael Siciliano Director Permit & License Center - Contractors Division 200 Orange Street, Room 501 Phone: 203-946-5758 Fax: 203-946-8049

Special Event Application

Application Number: _____SE-25-00044

Applicant: Deanna Calvert

367 Cedar St., Harkness Bldg. D, 2nd Floor, Student Affairs New Haven, CT 06510 (410)382-5665 deanna.calvert@yale.edu Application Type: <u>Commencement</u>

Date: 02/28/2025

Location: 104 Washington Ave, New Haven, CT 06519, USA

Description of Work:

Street closures for Yale School of Medicine's commencement activities.

Application Event Details:

Break Down Time	4:00PM	
Est Attendance	1000	
Set Up Time	8:30AM	
Event Start Time	8:30AM	
Event Date	05/19/2025 04:00:00	
Event End Time	4:00PM	
Event Name	Yale School of Medicine Commencement	
Nearest Cross Street	Cedar St.	
Event Address	Amistad Park	

Event Logistics:

Will this event require a street closure	Yes
Will this event require a rolling closure	No
Will your event be serving food	No
Will food be cooked on site during event	No
Will food be provided by Food Trucks or Food Carts	No
Will the event be Catered	No
Will there be any food or merchandise sold during this event	No
Will this event take place on a sidewalk	No
Will this event take place on a street	No

Event Logistics Cont:

Will the event have a tent larger than 400 sq ft	Yes
If yes to start or end at a park, which park	
Will the event involve music through amplified speakers	Yes
Will the event require the use of generators or electrical supply	Yes
Will Port-o-lets be provided	Yes
Indicate the number of Port-o-lets and the company that will be providing these	3
services	
Will the event begin or end at a City of New Haven Park	No