

**CITY OF IDAHO SPRINGS
STREET CLOSURE APPLICATION**

Company Name _____

Applicant's Mailing Address: _____

Contact person: _____ Contact Phone _____

Dates (s) and time (s) of requested street closure:

Date	Time (indicate a.m. or p.m.)
_____	_____ Until _____
_____	_____ Until _____
_____	_____ Until _____

Describe requested closure locations, including street name, block, and cross street(s):
Draw closures on map, provided by City Clerk

INFORMATION PRECEDED BY A CHECK MUST BE SUBMITTED WITH YOUR APPLICATION FOR IT TO BE CONSIDERED.

- _____ 1. Map of the area to be closed, showing locations of barricades, security personnel, location of activities, alternate traffic flow.
- _____ 2. A written plan for notifying the community of the street closure.
- _____ 3. Certificate of insurance naming the City of Idaho Springs as an additional insured.
- _____ 4. All traffic control must meet Manual of Uniform Traffic Control Device Standards
- _____ 5. Placement and maintenance of any traffic control devices are the responsibility of the applicant unless other wise stated on this form

I hereby agree to indemnify the City of Idaho Springs, its council, agents and employees, and to hold them harmless as to any claim, liability or damages, including attorney fees and court costs, arising out of, or directly or indirectly resulting from the conduct of the above event.

Signature

Date

Street Closure Approved by:

Police Chief _____
David B. Wohlers

Date

Public Works Director _____
John Bordonni

Date

****This applicant is is not required to provide a traffic control plan.**
The applicant is is not required to hire a barricade company for this event.
Name of barricade company: _____