

CITY OF MOSCOW APPLICATION FOR STREET CLOSURE PERMIT

This completed form must be **submitted to the City Clerk/Deputy City Clerk or Engineering/Public Works Department** (PO Box 9203, Moscow) at least **ten (10) days** prior to the date of requested closure.
Street Closure permits are issued on a first-come, first-served basis.

Event Requiring Street Closure: _____

Date(s) of Requested Closure: Starting date: _____ Ending date: _____

▶ Requested Start Time of Street Closure: _____

▶ Requested Ending Time of Street Closure: _____

Name of Requesting Party: _____

Individual Responsible for Closure Request: _____

Organization Address: _____

Individual's Address: _____

Daytime or Message Phone: _____ e-mail address: _____

Proposed Street Closure Info: _____

➔ **(Include map and/or site plan either as a separate page or on this back of this permit application.)**

The **Chief of Police** requests the following:

- Barricades need to be approved by and or provided by the Street Department.
- Barricades need to be placed at intersection lines to prevent motorists from mistakenly turning into the closed area.
- The entire street width must be blocked with barricades.
- An individual or individuals need to be named and responsible to monitor the barricades during the time they are officially placed in the street.
- After sunset the barricades must have lights.

The **Asst Fire Chief** requests the following:

- A 20' wide fire lane and a turnaround must be available if needed, i.e. no bandstand, podium, tent or vehicle that has to be moved can block the fire lane or turnaround.

Do not write below this space (FOR OFFICE USE ONLY)

Date App Rec'd: _____	Date fees paid: _____	Hold Harmless Signed & Attached [<input type="checkbox"/>]	Proof of Insurance [<input type="checkbox"/>]
RECOMMEND:			
Engineering/Public Works: _____	[<input type="checkbox"/>] Approve [<input type="checkbox"/>] Disapprove	Date: _____	
Police Department: _____	[<input type="checkbox"/>] Approve [<input type="checkbox"/>] Disapprove	Date: _____	
Fire Department: _____	[<input type="checkbox"/>] Approve [<input type="checkbox"/>] Disapprove	Date: _____	
STREET CLOSURE INFORMATION: Street closure necessary [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No ITD Permit Required: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No			
Time of Street Closure: From _____ to _____			
ITD Approval Received: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Pending [<input type="checkbox"/>] n/a [<input type="checkbox"/>] Other, explain: _____			
Comments: _____			
Street Closure Approved and issued [<input type="checkbox"/>] not approved [<input type="checkbox"/>] _____ City Clerk/Deputy City Clerk			