



Request for Temporary Street Closings for Construction

Requests for temporary street closings must be made **at least** three (3) days prior to the event. Chapman Road aka FM 455 and Business I-35 aka 5th Street are State Highways and cannot be closed for Special Events. Requests may or may not be approved for various reasons. A denied request may be appealed to the City Council if time permits. For that reason, you are encouraged to apply as far in advance as possible. Police officers will not be provided at the blocked intersections. **Closing the street without prior approval will result in the project being shut down until the street is cleared enough for one-way traffic.**

Event: _____

Sponsoring Person and Party: _____

Contact Name (Work, Home, Cell): _____

E-mail: _____

Event Date(s): _____ Time Range (From-To) _____

Streets requesting to be closed: _____

Time of Closing: _____ Time of Reopening: _____

By signing this request, you are agreeing to the following: You are responsible for setting up the barricades at the designated time of closing and taking them down at the designated time of reopening. Barricades must be arranged as shown on the attached drawing. If you fail to take down the barricades you will be charged a minimum \$100 charge for take down of the barricades by City employees. You are responsible for removal of any and all trash generated by the event. You must provide homeowners in the closed area access to their driveways and houses during the closure, and provide emergency vehicles access during the closure. Closed streets must be immediately reopened upon demand from an authorized City employee.

Signature: _____ Date of Request: _____

Office Use Only

The above application has been reviewed and is recommended/not recommended for approval (If approval is not recommended, state the reasons and attach a separate memo):

Fire Dept: _____ Recommended/Not Recommended

Police Dept: _____ Recommended/Not Recommended

Street Dept: _____ Recommended/Not Recommended

PW Director: _____ Recommended/Not Recommended

City Manager: _____ Approved/Not Approved Date: _____