



CITY OF KEIZER PERMIT APPLICATION

TEMPORARY STREET CLOSURE

PERMIT FEE \$25.00

Applicant's Name: _____ Phone: (Hm) _____
(Wk) _____

Residence Address: _____

Business Address: _____

Sponsoring Organization: _____ Phone: _____

Sponsoring Organization Address: _____

Name of Chairman or Area Resident: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Name, residence and business addresss and telephone numbers of all other persons having interest or position of management in sponsoring organization and persons who are or will be engaged in organizing, promoting, controlling, managing or soliciting participation in the temporary street closure:

Means applicant intends to use to inform persons listed herein and others participating in the street closure of the terms and conditions of the permit and applicable laws: _____

Name of Street to be closed: _____ located
Between _____ and _____

Date of Closure: _____ Hours of Closure: _____

Are you requesting that the entire street or intersection be closed: _____

If only a portion, please describe which portion: _____

Are you requesting restricted or prohibited parking during street closure: _____

If so, where and when: _____

Estimated number of persons who will participate: _____

Reason for Closure: _____

Will charity, gratuity or offerings be solicited or accepted: _____
Will sale of food, beverage or merchandise occur: _____
Will sound amplification equipment be used: _____ If so, please describe
equipment and its proposed use: _____

By this application the applicant and the sponsoring organization agree to assume the defense of and indemnify and save harmless, the City, its councilors, boards, commissions, officers, employees and agents from all suits, actions, damages or claims to which the City may be subjected of any kind of nature whatsoever, resulting from, caused by, arising out of or as a consequence of this temporary street closure and the activities permitted in connection therewith.

If your application is denied, you may file a written request with the City Recorder for an appeal of the decision to the City Council.

I understand that this permit may be revoked at any time by the Public Works Manager or Chief of Police for an emergency or violation of the permit or any other reason set out in Keizer Ordinance 90-178.

This event has been explained to the residents and it is agreed that the following conditions be met:

All signs and barricades shall be placed as directed.

A clear passageway shall be maintained for emergency vehicle movement within the barricaded area.

Adequate sanitation facilities shall be provided.

I agree to comply with these provisions as regulated by City of Keizer Ordinance 90-178.

Signature: _____ Date: _____

BLOCK PARTIES

All signs and barricades shall be picked up by the applicant.

Applicant shall be responsible for the return of all signs and barricades.

At least 48 hours notice shall be provided before closure.

Department	Approval/Denial	Signature
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Public Works: _____

Police: _____

Fire: _____