



CITY OF PENDLETON

Temporary Street Closure Application

Date of application _____

Please print clearly:

Resident/organizer name _____

Address _____

Phone number _____ E-mail _____

Contact person _____ Phone no. _____

Event Date _____ Start Time _____ Finish Time _____

Event Site _____ Street to be closed _____

From Street _____ To Street _____

Brief description of event _____

Permits may be issued subject to the following requirements:

1. Applicant to erect and maintain barricades at all times during the event at the location determined by the City of Pendleton.
2. Applicant is to assure that fire hydrants are not blocked and there is adequate space for a 20 foot fire lane that is not filled with objects that can't be quickly moved (contact Fire Marshal).
3. Applicant is responsible for supervision and clean-up.
4. Applicant agrees to indemnify and hold the City of Pendleton harmless and its employees, officers, and agents from any and all claims or alleged claims for damages arising out of or arising from the blocking off of the street by the Applicant.

Signature of Applicant

Date

For City Manager use only:

<input type="checkbox"/> Public Works Notified	<input type="checkbox"/> Police Dept. Notified	<input type="checkbox"/> Fire Dept. Notified
<input type="checkbox"/> Arrangements made for Street barricades	<input type="checkbox"/> Special Requirements (list) _____	<input type="checkbox"/> Special Requirements (list) _____

The Application for a Street Closure is hereby approved.

Signature of City Manager

Date