



APPLICATION FOR STREET CLOSURE

Date Application Submitted: _____ Accepted by: _____
--

City Council preapproved events – no fee (circle one):

- | | |
|---|--|
| BBQ & Blues Fest
Art and Wine Fest/Vintage Market
Fair Parade / Fair
Fall Festival
Music at the Market
Brewfest
Farm to Table
Food Stock
Cajun Fest
Oxfest | Borgia Homecoming
Washington Homecoming
Band Festival
WHS Senior Parade
Borgia Grade School Field Day
Borgia Grade School Fall Festival
Chili Cookoff
Pumpkin Palooza
Holiday Parade of Lights
Olde Fashioned Christmas |
|---|--|

Other _____ (requires city council approval and \$100 fee)

Applicant Information	Permit Requested By		Business/Organization Name		
	Title		President/Chairperson		
	Address	City	State	Zip	
	Cell Phone / Primary Phone #		Email Address		
Street Closure details	Date(s) Requested	Day(s) of the week	Time(s) Requested <i>Only permitted from 8am-10pm</i>		
	Street(s) being requested to be closed				
	Beginning address # inside closure		Ending address # inside closure		
	How many people will be attending the street closure?				
	What type of entertainment are you providing?				

GENERAL INFORMATION

Businesses and homeowners have the opportunity to request street closures events. Each request is reviewed independently by the Police Department, Public Safety Department, Engineering Department, and Street Department. The findings of that review is presented to the Traffic Committee at its monthly meeting. This ensures effective and efficient coordination across many City department and ensures minimum requirements are met and concerns are mitigated.

Events that are City Council Preapproved will still need to complete this application and provide all required submittals.

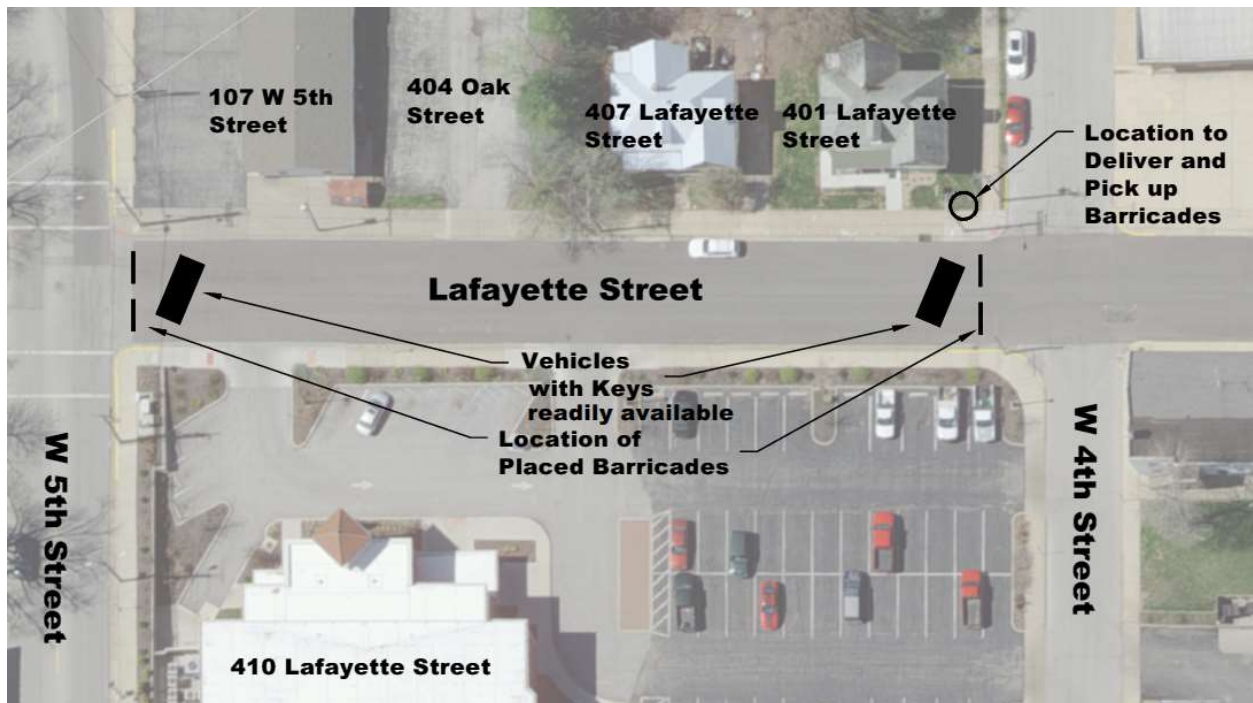
Events that are not City Council Preapproved will require City Council approval.

Street Closure applications must be paid for and received by the Engineering Department at least forty-five days (45) days prior to the use date.

Street Closure applications will have a \$100 Administrative fee. Only one (1) request per application.

Please contact Gina Vanek, Administrative Assistant, Engineering Department at gvanek@washmo.gov or (636) 390-1010 for any questions.

SITE PLAN EXAMPLE – **REQUIRED SUBMITTAL**



Submittal Requirements and Application Checklist (MUST BE COMPLETED BY APPLICANT)

Requirement	Applicant Checklist	City Checklist	Description
Insurance			The applicant is a business, they shall provide the City of Washington a General Liability certificate with \$1,000,000 single limit occurrence and \$3,000,000 aggregate limits. The City of Washington must be listed as an additional insured and provide an endorsement page. <i>If the applicant is a homeowner, they must obtain and continuously maintain homeowners' coverage and provide a copy to the City.</i>
Consent Form			The applicant must have consent from all homeowners/businesses' in the street closure. <i>This MUST be turned into for the Traffic Committee to review. Traffic committee meets the 1st Friday of the month.</i> <i>See the consent form on the last page.</i>
Indemnification and Hold Harmless			The applicant does hereby agree to indemnify the City of Washington, its officers, volunteers, agents, representatives and employees (collectively the "Entities") and save them harmless from any loss, damage or expense arising from the claim or demand or any person to or against said Entities on account of or as a result of the applicant's Special Activity. In case of any action, or actions, or other legal proceedings, shall be brought or instituted against the City or the Entities, the applicant will assume the defense thereof, and will indemnify and save harmless the Entities against all costs, expenses, counsel fees and judgements resulting therefrom providing said Entities reasonably cooperate with the applicant, its agents, employees and designees in the defense of said legal proceedings or actions.
Site Plan			A Site plan is required before approval. Contact the Engineering Department at (636) 390-1010. Office is located at 405 Jefferson Street, Washington, MO 63090. See Example.
Number of blocks requested			No more than two city blocks will be closed in any given area.
Access to surrounding properties			There must be immediate access of the surrounding area for emergency personnel and apparatus at all times. Access must be provided to businesses and/or other residents using the street.
City Staff Review	N/A	Engineering	The request shall be reviewed and approved by the Engineering Department, Police Department, Public Safety Department, and Traffic Committee. Comments / requirements will be placed on the permit.
		Police	
		Public Safety	
		Traffic Committee	

Signature of applicant: _____ **Date** _____

I hereby attest that to the best of my knowledge the information contained in this application is true and correct. I have read the hold harmless agreement. I have read the rules & guidelines.

City Review Comments

Additional information and Requirements

1. If the street closure needs to be rescheduled, contact the Engineering Department at (636) 390- 1010, Monday-Friday 8am-5pm. Please make notification prior to the date of event. If the street closure needs to be rescheduled after the Engineering Departments Business Hours, please contact (636) 390-1050.
2. Determining factors for approval of this request include, but are not limited to: time of event, duration, estimated attendance, location, disruption to the orderly flow of traffic, and response of emergency vehicles to the area.
3. Public Works will deliver barricades to the applicant's residence in time for the event. Barricades will be picked up at the applicant's residence on the following business day after the event.
4. Applicant is responsible for placing barricades/vehicles at the entrance and exit points of the street closure, and for removing barricades/vehicles upon the deadline of the event.
5. Applicant is responsible for having a vehicle with keys readily available at all times for emergency access for the duration of the street closure.
6. Applicant assumes the responsibility of cleaning up and removing all debris from the designated area upon the deadline of the event.
7. Businesses and neighbors in the surrounding area have the right to enjoy peace and quiet on their property. The applicant and those attending the street closure agree to comply with the City of Washington Ordinance #5984, Section 210.680 governing Peace Disturbance. For ordinance information visit: www.washmo.gov.
8. The applicant and those attending the street closure agree to comply with the City of Washington Ordinance#04-9607, Section 215.075 governing Noise Regulation. For ordinance information visit: www.washmo.gov.
9. The applicant and those attending the street closure agree to comply with the City of Washington ordinance #5281, Section 210.240 governing fireworks. For ordinance information visit: www.washmo.gov
10. The City of Washington is not responsible for any accidents or injuries. The applicant's insurance is to cover any accidents or injuries.

HOLD HARMLESS AGREEMENT – REQUIRED SUBMITTAL

PROJECT: Event Name – _____

LOCATION: Street Closure – _____

The applicant will indemnify and hold harmless the City of Washington, their agents, employees and officials from and against all claims, damages, losses and expenses including attorney’s fees arising out of or resulting from the performance of the work, provided that any such claims, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to cause injury to or destruction of tangible property, including the loss of use resulting therefrom, and is caused in whole or in part by any negligent or willful act or omission of the applicant and anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable.

In any and all claims against the City of Washington, or any of its agents or employees, by any employee of the applicant, any subcontractor, anyone directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable, the indemnification obligation shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for the contractor or any subcontractor under workmen’s compensation acts, disability benefit acts or other employee benefit acts.

Applicant: _____

By: _____

Title: _____

Date: _____

INSURANCE REQUIREMENTS – **REQUIRED SUBMITTAL**

Based upon the sovereign immunity limits for Missouri public entities, the applicant shall, during the term of this Agreement, at its own expense, procure and maintain insurance as follows:

- (a) Comprehensive General Liability and Bodily Injury
 - Including Death: \$1,000,000 each person
\$3,000,000 each occurrence
 - Property Damage: \$3,000,000 each occurrence
\$3,000,000 aggregate
- (b) Comprehensive Automobile Liability, Bodily Injury
 - Including Death: \$1,000,000 each person
\$3,000,000 each occurrence
 - Property Damage: \$3,000,000 each accident
- (d) Owner's Protective Bodily Injury
 - Including Death: \$1,000,000 each occurrence
\$1,000,000 each occurrence
 - Property Damage: \$1,000,000 each occurrence
\$1,000,000 aggregate

Certificates evidencing all required insurance shall be furnished to the City prior to approving the permit.

The certificates must state the City of Washington is an additional/coinsured insured. The City of Washington shall also be provided an endorsement page.

		Date (MM/DD/YYYY)
PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED SAMPLE	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP ACC	
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> -----				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY-EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: ACC	
A		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE/ OFFICER/ MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS RE: PROJECT # CITY OF WASHINGTON, MISSOURI, IS ADDED AS ADDITIONAL INSURED UNDER GENERAL LIABILITY COVERAGE.							
CERTIFICATE HOLDER			CANCELLATION				

SAMPLE ENDORSEMENT PAGE

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED
PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

City of Washington
405 Jefferson Street
Washington, MO 63090

Section II — Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



405 Jefferson Street, Washington, MO 63090

636-390-1010 www.washmo.gov

Month / Day / Year

Honorable Mayor and City Council
City of Washington
Washington, MO 63090

RE: Street Closure Request
Streets Requested – Date Requested

Dear Mayor and City Council Members:

For your consideration, this letter, with the attached documents, were reviewed and **approved/denied** by staff as they related the subject street closure request.

The closure will take place on **date/time**. Staff has reviewed the application from a safety perspective and the applicant has provided all the required documents to support their application.

An approval will allow this closure to proceed.

Thank you for your consideration.

Respectfully submitted,

Gina Vanek
Administrative Assistant
Engineering