



# STREET CLOSURE APPLICATION

Public Works Department  
801 8th Street  
Tel: 661-758-72-71  
Fax: 661-758-1728

Application must be filled **within fifteen (15) days** of the event. Only original applications and petitions are accepted. Please print clearly in black or blue ink.

## APPLICATION INFORMATION

Company/ Organization Name (if applicable):

Company / Organization Address (if applicable):

Applicant Name:

Street Address:

Daytime Telephone Number:

Evening/Cellular Number:

Email Address:

## EVENT INFORMATION

Street Closure Date

Day of Week

Event Start Time

Event End Time

Street Closure Start Time (include set-up)

Street Closure End Time (include clean-up)

Street to be closed:

Between: (Closure must not exceed two intersecting streets)

Description of Event:

Will food be served?(no sales allowed)

☐ Yes

☐ No

If yes, describe:

Will beverages be served?(no sales allowed)

☐ Yes

☐ No

If yes, describe:

Note: The Neighborhood Block Party Temporary Street Closing Permit does not authorize any serving or consumption of alcohol.

Will there be amplified sound?

☐ Yes

☐ No

If yes, describe:

## APPROVAL/ DISAPPROVAL

Department

Approved (initials)

Disapprove (initials)

Date

Comment

Fire Department

Ambulance Service

Police's Department

## CITY OF WASCO PERSONNEL USE ONLY

Submitted By:

Date:

Initial:

Equipment:

Qty.

Total

Barricade Deposit ( \$20 EA )

Delineator Deposit ( \$20 EA )

Traffic Cone Deposit ( \$10 EA )

Traffic Signs ( \$40 EA )

Application Fee (Non-Refundable) \$25

City of Wasco, Director of Public Works / or designee

Date

Total

**STREET CLOSURE APPLICATION**

|                                                             |                            |                          |
|-------------------------------------------------------------|----------------------------|--------------------------|
| Street to be closed:                                        | Street Closure Start Time: | Street Closure End Time: |
| Between (Closure must not exceed two intersecting streets): |                            | Street Closure Date:     |

Applicant acknowledges that the Street Closure Permit does not authorize the serving or consumption of alcohol, nor the solicitation or acceptance of any fees, collections or donations.

Applicant agrees to comply with all rules, regulations, codes, and laws including, but not limited to, public health, and noise ordinance requirements applicable to and associated with the permit. Applicant further agrees to be bound by any special conditions restrictions and regulations as may be lawfully imposed by the City of Wasco.

Applicant agrees to hold harmless the City of Wasco, its officers, boards, commissions, employees and agents, from any liability, suits, actions, damage or claims to which the City may be subjected of any kind or nature whatsoever resulting from, caused by, arising out of or as a consequence of such temporary street closure and the activities permitted in connection therewith. The City of Wasco may require, as a condition of issuance of a permit, that the applicant obtain insurance to serve this end, in such an amount and with such terms as the City of Wasco determines to be appropriate under the circumstances. This shall be a continuing release and shall remain in effect until revoked in writing.

Applicant attests that the information contained in this application is true and correct. I understand that this is only an application and not a guarantee that a permit will be issued, If a permit is issued, I agree that: (1) if any of the information contained in the application is found to be false; or (2) should my conduct, or the conduct of any participants or guests, not be as described in the application; (3) should any applicable City of Wasco or Federal rules, regulations, codes, laws or ordinances be violated, any permit(s) issued shall automatically become null and void and any activity associated with the permit(s) will immediately cease.

Signature of Applicant

Printed Name

Date

The undersigned sponsor(s)/co-sponsor(s), being twenty-one (21) years of age or older and meet the residency requirement associated with the regulations governing this application, declares that he/she wishes to be permitted to perform the operation, service or act stated herein and that the information contained herein is true and correct to the best of his/her knowledge and belief, will comply with all provisions of the City of Wasco and Federal rules, regulations, codes, laws and ordinances relative to the operation, service or act for which the permit is requested, and agrees to hold harmless the City of Wasco, its officers, boards, commissions, employees and agents, from any liability, suits, actions, damages or claims to which the City may be subjected of any kind or nature whatsoever resulting from, caused by, arising out of or as a consequence of such temporary street closure and the activities permitted in connection therewith. In addition,

The undersigned sponsor(s)/co-sponsor(s), agrees to comply with all applicable rules, regulations, codes, laws and to be bound by any special contestations, restrictions and regulations as may be lawfully imposed by the City of Wasco.

**EVENT SPONSORS**

|                        |                           |
|------------------------|---------------------------|
| Print Name:            | Signature:                |
| Street Address:        | Daytime Telephone Number: |
| City/ State/ Zip Code: | Evening/Cellular Number:  |

**CO-SPONSORS**

|                        |                           |
|------------------------|---------------------------|
| Print Name:            | Signature:                |
| Street Address:        | Daytime Telephone Number: |
| City/ State/ Zip Code: | Evening/Cellular Number:  |

| STREET CLOSURE APPLICATION                                  |                            |                          |
|-------------------------------------------------------------|----------------------------|--------------------------|
| Street to be closed:                                        | Street Closure Start Time: | Street Closure End Time: |
| Between (Closure must not exceed two intersecting streets): |                            | Street Closure Date:     |

We, the undersigned, being residents/owners/authorized business officials of properties abutting the section of the street requested for closure for a Neighborhood Block Party as described in the foregoing application, do hereby consent to the temporary street closure as noted herein. (Only original signatures are accepted)

| Print Name | Address | Phone Number | Signature | Circle one             |
|------------|---------|--------------|-----------|------------------------|
|            |         |              |           | Approved / Disapproved |
|            |         |              |           | Approved / Disapproved |
|            |         |              |           | Approved / Disapproved |
|            |         |              |           | Approved / Disapproved |
|            |         |              |           | Approved / Disapproved |
|            |         |              |           | Approved / Disapproved |
|            |         |              |           | Approved / Disapproved |
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|            |         |              |           | Approved / Disapproved |
|            |         |              |           | Approved / Disapproved |
|            |         |              |           | Approved / Disapproved |
|            |         |              |           | Approved / Disapproved |
|            |         |              |           | Approved / Disapproved |
|            |         |              |           | Approved / Disapproved |
|            |         |              |           | Approved / Disapproved |

Applicant attests that the signed petition represents at least 51% of the residents/ owners/ authorized business officials of properties abutting the section of the street requested for closure for a Neighborhood Block Party as noted herein and described in the foregoing application(Use additional forms as necessary. All forms must be signed by applicant.

Rules and Regulations

- Employees will be available at the Public Works Corporation Yard at 801 8th Street, **Only** on the following days and times:
- a. Please present your approved permit and receipt for permit fee when picking up your barricades.
  - b. **Pick-up:** On the last working day before the street closure, normally Friday from 8:00am to 10:30 am.
  - c. **Drop off:** On the first working day after the street closure, normally Monday from 7:30am to 10:00am.
  - d. **Late Returns and lost or damage equipment:** Barricades and signs are City-owned resources temporarily loaned to you for your safety. There will be a \$20.00 charge per missing or damaged equipment.
  - e. **Deposit:** There will be a **\$20.00** deposit per barricade, **\$20** deposit per Delineator, **\$40** deposit per Sign and **\$10** per traffic cone.
  - f. **Security:** For every 50 people, you need 1 bonded security guard.
  - g. **Processing Fee:** A non- refundable **\$25.00** permit processing fee is required at the time of application is submitted to the City of Wasco
  - h. **Clean up:** All debris and trash must be removed from an event site immediately after event.

| City Equipment | Amount Borrowed | Applicant's Initials | Amount Returned | City Employee Initials |
|----------------|-----------------|----------------------|-----------------|------------------------|
| Barricades     |                 |                      |                 |                        |
| Delineators    |                 |                      |                 |                        |
| Traffic Cones  |                 |                      |                 |                        |
| Traffic Sign   |                 |                      |                 |                        |

I hereby state that the above statements and answers contained herein are in all respects true and correct to the best of my knowledge and belief. I further stat that I have read and I understand the rules and regulations and, in the event the permit is granted, I will comply in all respects to the regulations therein.

|                        |              |      |
|------------------------|--------------|------|
| Signature of Applicant | Printed Name | Date |
|------------------------|--------------|------|