



STREET CLOSURE REQUEST FORM

FALLS CITY MUNICIPAL CODE

Sections 91.02 and 91.03 of the Falls City Municipal Code govern street closures. City Council approval is required for all street closures not part of an emergency response, public works, or utility job.

Requirements:

1. Provide this form to City Hall for review no later than one week prior to the regular City Council Meeting preceding your requested closure.
2. Provide a non-refundable fee of \$25 per day the street will be closed.
3. Provide a certificate of liability insurance in an amount to be determined based on the nature of your event, but typically not less than \$1 million per occurrence, and \$2 million aggregate. The certificate of liability MUST name the City of Falls City as an additional insured.
4. Agree to maintain a clear passage for emergency vehicles.
5. Provide adequate sanitation facilities and evidence thereof to the city.

BASIC INFORMATION

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Date(s) of Requested Closure: _____

Reason for Closure & Activity to be Conducted: _____

Description of the street area to be closed: _____

Request Closure Starting: _____ AM/PM; Ending: _____ AM/PM

REPRESENTATIONS BY APPLICANT

____ Initials: It is my responsibility to ensure emergency vehicles have a clear passage and immediate access to and through the area approved for street closure.

____ Initials: It is my responsibility, and I agree to place and remove sufficient barricades and signs to ensure the safety of the area approved for street closure and all those within it.

The barricades I will use to block the street are described as follows: _____

_____ Initials: I understand that if I require assistance to barricade or remove barricades to the streets, I will be charged for that service and agree to pay the costs enumerated in the City Fee Schedule.

_____ Initials: I understand that it is my responsibility to ensure the area approved for closure is free of all tangible materials that were not there prior to the closure (i.e. clean up after yourself).

By signing below, I agree to abide by all provisions of the Falls City Municipal Code and this application. I further agree to hold harmless and indemnify the City of Falls City, its Officers, Agents, and Assigns for any and all liability associated with the street closure herein and the event for which it was sought.

Applicant Signature _____ Date _____

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INTERNAL USE ONLY

\$25/day Fee- Cash ☐ Check ☐; Date _____; Amount _____; Receipt # _____; Received by _____.

Fire Review

_____ Initial: I have reviewed the request and ☐ DO have concerns ☐ DO NOT have concerns.
Concern _____

Public Works Review

_____ Initial: I have reviewed the request and ☐ DO have concerns ☐ DO NOT have concerns.
Concern _____

City Manager Review

_____ Initial: I have reviewed the request and ☐ DO have concerns ☐ DO NOT have concerns.
Concern _____

City Council:

Vote Tally- Ayes _____ Nays _____ Abstain _____

Approved ☐ Yes ☐ No (approval effective on date of signature by Presiding Official)

Signature of Presiding Official _____ Date _____

City Staff:

Notification of Approval

- ☐ Falls City Fire
- ☐ Public Works
- ☐ City Manager
- ☐ Sheriff's Office
- ☐ Willamette Valley Communications (dispatch)

Name of Staff Completing Notifications _____ Date _____