

CITY OF TRAVERSE CITY
APPLICATION FOR A STREET CLOSING PERMIT



Name of Organization: _____ Phone No. _____

Description of Event: _____

Name of Applicant: _____ Phone No. _____

Address: _____
Street City State Zip

Date: _____ Time: _____

Street requesting to be closed: _____

Additional Provisions: # _____ street cones (Gil Rupp, 922-0241); # _____ barricades (Mark Jones, 922-4901 ext 119); # _____ trash cans # _____ picnic tables (Lauren Vaughn, 922-4910 ext 114).

- Requirements:
1. Are tents/membrane structures to be used? ____ YES ____ NO If yes, the membrane material shall be non-combustible, flame resistant, or treated in an approved manner in accordance with the State Building Code. On-site inspection will be done by the Fire Marshall and Building Inspector.
 2. A 20' wide center lane (10' on both sides of the center line) is to be kept clear for emergency vehicles.
 3. For commercial use or community wide events where equipment or any other items will be set up in the street, General Liability Insurance in the amount of \$1,000,000 with the City listed as additional insured. Ins. ? _____
 4. If not a block party, has the approval from all affected property owners been obtained? (Obtain list from City Assessor's Office and indicate on list which property owners have approved.) _____

The undersigned, declares and says he/she wishes to be permitted to perform the operation, service or act stated hereon and that the statements made above are true and correct to the best of his/her knowledge and belief, will comply with all provisions of the ordinances of the City of Traverse City relative to the operation, service or act for which the permit is requested, and agrees to hold the City of Traverse City free and harmless from all liability which may be imposed upon it, to reimburse the City of Traverse City for all expenses of litigation in connection with the defense of claims as such liability and claims may arise because of negligence in the performance of the work or act for which the permit was issued.

The applicant acknowledges that the City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Signature of Applicant

Date

| REQUIRED APPROVALS- Completed by Clerk's Office | Approved | Date | PC |
|---|----------|------|----|
| Police Dept. | | | |
| Fire Dept. | | | |
| DA/DTCA | | | |
| Engineering | | | |
| Street Dept. | | | |

CITY OF TRAVERSE CITY
STREET CLOSING PERMIT

\$25.00 Fee Pd. _____

Above Conditions Approved: _____

Debra A. Curtiss, City Clerk Date