

# REQUEST FOR STREET CLOSURE APPLICATION FORM

Updated: March, 2017

Permit # \_\_\_\_\_



## CONTACT INFORMATION

Applicant's Name		Telephone #	
Applicant's Mailing Address		Email Address	

## DESCRIPTION OF REQUEST

Request Type:  Escort  Construction  Event Reason for Closure: \_\_\_\_\_

Block #(s) and Street Name(s)\*: \_\_\_\_\_

\*For all TxDOT road closures, please call 512-353-1064

Number of Lanes to be Closed:  All Lanes, Both Directions  All Lanes, One Direction \_\_\_\_\_  
 One Lane, Specify: \_\_\_\_\_  Other: \_\_\_\_\_

Time for Closure: Start Date \_\_\_\_\_ Time \_\_\_\_\_ End Date \_\_\_\_\_ Time \_\_\_\_\_

Will the street be passable for regular traffic:  Yes  No  Specific Times: \_\_\_\_\_

Will the street be passable for emergency vehicles:  Yes  No  Specific Times: \_\_\_\_\_

## AUTHORIZATION

*All required application documents and fees have been included with this application. I understand that the City of San Marcos will only accept this application and fees when all required documentation has been provided.*

*I agree to hold harmless, indemnify and defend the City, its officers and employees from and against all claims for personal injury or property damage that arise in connection with the street closure.*

Filing Fee as noted on pg. 2 Technology Fee \$11 TOTAL FEE ATTACHED \$ \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**To be completed by Staff:** The applicant is required to provide the following:

Barricades / Traffic Control Devices  Portable Toilets  Trash Receptacles  Traffic Control Officers

Other: \_\_\_\_\_

\_\_\_\_\_, I, the applicant, agree to comply with the requirements as determined by the City and outlined above (initial)

APPROVED  DENIED SIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

