



STREET CLOSURE PERMIT

Name of applicant/contact person _____

Mailing Address _____

Daytime Phone No. _____ Emergency/Cell Phone No. _____

Email address _____

Type and purpose of event _____

Location(s) _____

Date(s) of event _____

Time of event (include setup & dismantle) _____

Street(s) to be closed (map attached) _____

Detour route _____

****CLOSING PIONEER STREET REQUIRES APPROVAL OF WASHINGTON STATE DEPARTMENT OF TRANSPORTATION (WSDOT)****

Applicant agrees to notify all affected property owners, service providers, and to also maintain access for emergency vehicles. Applicant agrees to defend, indemnify and save harmless the City, its appointed and elected officers and employees, from and against all loss or expense, including but not limited to judgments, settlements, attorney's fees and costs by reason of any and all claims and demands upon the City, its elected and appointed officials or employees for damages because of personal or bodily injury, including death at any time resulting there from, sustained by any person or persons and on account of damage to property including loss of use there from, arising out of any activity under or in connection with this event, except only such injury as shall have been occasioned by the sole negligence of the City, its appointed or elected officers or employees.

Applicant Signature _____ date _____

OFFICE USE ONLY	
Application received: _____	Date forwarded for review: _____
Public Works _____	Police Dept _____
Date forwarded to Clark County Fire & Rescue _____	
Approved by: _____ date _____	
City Manager	