## CITY OF IDAHO SPRINGS STREET CLOSURE APPLICATION

Contact Phone
Contact Phone
osure:
Time (indicate a.m. or p.m.)
Until
Until
Until
ng street name, block, and cross street(s):

INFORMATION PRECEDED BY A CHECK MUST BE SUBMITTED WITH YOUR APPLICATION FOR IT TO BE CONSIDERED.

. Map of the area to be closed, showing locations of barricades, security personnel, location of activities, alternate traffic flow.		
. A written plan for notifying the community of the street closure.		
. Certificate of insurance naming the City of Idaho Springs as an additional insured.		
. All traffic control must meet Manual	of Uniform Traffic Control Device Standards affic control devices are the responsibility of the this form	
I hereby agree to indemnify the City of Idaho Spr hold them harmless as to any claim, liability or da arising out of, or directly or indirectly resulting fr	mages, including attorney fees and court costs,	
Signature	Date	
Street Closure Approved by:		
Police Chief		
D 11' W/ 1 D'	Date	
Public Works Director	Date	
**This applicant is ☐ is not ☐ required to Name of barricade company:	to hire a barricade company for this event.	