

Date of Application: _____

Applicant's Name or Sponsoring Organization

Individual Applicant Name

Address

Individual Applicant's Driver's License/ID Card: _____

State

Requested Street Closure Location: _____

Purpose of requested closure: () Community Block Party () Other: _____

Requested closure times from _____ to _____ on _____
Hour Hour Date

The Milton-Freewater Police Department will be responsible for approving all necessary street closure signing and traffic control, which will be provided through the City of Public Works Department.

Permission is hereby granted subject to the following conditions:

1. This permit is granted with the specific understanding and condition that the permittee shall be responsible and liable for all collisions, damages or injuries to persons or property resulting from the construction, installation, maintenance, repair or removal of said signs and barricades legally chargeable to the permittee.
2. The permittee shall hold the City of Milton-Freewater, its officers, agents and employees blameless and the said permittee shall indemnify them against any loss, injury or damage which they or any of them may sustain by reason of acts, conduct or operations of the permittee, its agent(s) or employees in connection with the construction, installation, maintenance, repairs or removal of the said signs and barricades.
3. The use of alcoholic beverages on premises open to the public is prohibited.

The City Manager after review of the recommendations of the below listed City Departments and subject to the approval of the City Council may approve or reject this permit (City Code 9-1-3 Administration). This permit may prohibit parking and standing or motor vehicles (9-1-3(A)); designate play streets and close city streets to all traffic except resident vehicle traffic (9-1-3(I)); requires proper signage be placed by the City (9-1-3(J)); and authorize the City to make and enforce temporary experimental and or emergency regulation (9-1-3(K)).

Department Head Recommendations:

Police Department: () Recommend Approval () Recommend Denial

Chief of Police

Date

Public Works Department: () Recommend Approval () Recommend Denial

Director of Public Works

Date

City Fire Department: () Recommend Approval () Recommend Denial

Fire Chief

Date

Permit Issued By: _____
City Manager

Date

Additional Permit Restrictions: _____

