# City of Hughson

*7018 Pine Street/P.O. Box 9 * Hughson, California 95326 * (209) 883-4054 * Fax (209) 883-2638*
www.hughson.org


## *STREET CLOSURE PERMIT APPLICATION PROCEDURE*
## *For Purposes Other than Construction-Related Activities*

1. Please complete Items 1-3 on Page 1 of the attached Street Closure Permit Application, sign, and date the form.

2. Have Page 2 of the Street Closure Permit Application signed by all residents affected on the block of the street closure in order to process the application.

3. Return Pages 1 and 2 of the completed Street Closure Permit Application to City Hall, 7018 Pine Street. The fully completed application and fee must be submitted 14 days prior to your event to allow for further processing. Also submit proof of Special Event Insurance, naming the City of Hughson as "Additional Insured" in the amount of $1,000,000

4. A staff member will then contact you regarding questions related to your event.

5. The Public Works Department will review your request and provide you with a traffic control plan specific to your event.

6. The applicant will be responsible for acquiring, installing and maintaining the signs, barricades and traffic control devices specified in the traffic control plan. Vendors familiar with providing the items needed for a street closure are:

| | |
|---|---|
| *Safe T Lite* | *United Rentals* |
| *1051 N Emerald Ave Modesto* | *5719 McHenry Ave Modesto* |
| *Phone 800-854-6262* | *Phone 572-7470* |

The vendor names are provided for your convenience. The City of Hughson does not endorse or promote the use of these vendors. You may use any vendor who can supply the items as specified in the current edition of the Manual on Uniform Traffic Control Devices. www.dot.ca.gov/hq/traffops/signtech/mutcdsupp

7. The "Street Closure Permit Application" will be routed to the Police and Fire Departments for Comments and Approval. Once the Department of Traffic and Transportation receives comment from the Police and Fire Department, you will be notified of any problems or will receive an approved permit from the Public Works Department.

8. Should you have any questions regarding the application procedure, please contact the City of Hughson at 209-883-4054.

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**1. Activity**:

_____

Activity Date(s): _____ Total Days for Closure: _____
Start Time(s): _____ Finish Time(s): _____
Street(s) to be closed: _____
Address Number(s) within the closed area(s) _____
_____

**Map indicating location of activity is required with application.**

**2. Sponsoring Organization**:
Local Address: _____
City/State/Zip: _____
Principal Place of Business: _____
Phone: _____Day _____ Night _____Fax

**3. Responsible Individual, if other than above**:
Name: _____
Address: _____
City/State/Zip: _____
Phone: _____Day _____ Night _____Fax

The applicant will be responsible for providing, maintaining and installing traffic control devices necessary for the street closure according to the approved traffic control plan. During the hours of darkness, sufficient warning lights or flares shall be maintained at suitable distances to warn the approaching traffic. The applicant hereby agrees to defend, indemnify and forever holds the City of Hughson, its Officials, Employees, Volunteers or Agents harmless against each and every claim, demand or cause of action that may be made or come against it by reason of or in any way arriving out of the closing or blocking of the right-of-way approved under this permit.

Applicant Signature**:** _____ Date: _____

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**4. Fire Department Comments**: _____

_____

Signed by: _____Date: _____

**5. Police Department Comments**: _____

_____

Signed by: _____Date: _____

**6. Approved by Public Works Department:** _____

_____

Signed by: _____Date: _____

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## Street Closure Permit Application
## Concurrence by Affected Property Owners
## On The Street Segment(s) Being Closed

I am aware of the _____ (state the activity)

Planned for _____ (dates) and have no objection to the proposed closure

Of _____ (location):

| Name | Address | Signature |
|---|---|---|
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