TOWN OF CASTLE ROCK **Public Works Department** Phone 720-733-2473 \ Fax 303-660-1025

APPLICATION FOR BLOCK PARTY STREET/LANE CLOSURE

Submit Application To:

Public Works Director or Designee

4175 Castleton Ct.

Public Works Department Or Email Application to roads@crgov.com

Castle Rock, CO 80109 APPLICANT: ADDRESS: PHONE: CITY/STATE/ZIP: 24-HOUR CONTACT PERSON: Phone: _____ Mobile: ____ Email: _____ APPLICATION IS HEREBY MADE FOR STREET AND/OR LANE CLOSURE AS FOLLOWS: LOCATION (Streets affected by closure): TYPE OF CLOSURE: ☐ STREET □ LANE DATE OF CLOSURE: ______ to _____ to _____ PURPOSE OF CLOSURE (Attach to this document a map of the streets/lanes that will be closed): ______ STREET AND/OR LANE CLOSURE REQUIREMENTS: Applicant request must be made 30 days prior to street closure / 7 days prior to lane closure. Town has up to 21 days for traffic control review and approval of street closure application/ 5 days for lane closure applications. Applicant is responsible for obtaining signatures of at least 80% of adjacent property owners of the street/lane closure affected area prior to the closure and shall maintain access to all sidewalks and driveways. Applicant is responsible for obtaining barricades. Barricades to block off the street must be in accordance with the Manual On Uniformed Traffic Control Devices (MUTCD). NO OTHER MEANS OF CLOSING THE STREET WILL BE ACCEPTABLE. The barricade agreement with this Permit must be signed in order to use the Town's barricades. If the applicant chooses not to use barricades provided by the Town, they must be rented from a contractor. Applicant shall protect existing public property from damage and shall be responsible for any repairs required as a result of the applicant's action, omissions, or negligence. Applicant indemnifies and holds harmless the Town of Castle Rock and its officers, agents, and employees from all liability, loss, cost and expenses, including attorney's fees, that may result from the applicant's failure to take all necessary precautions for preventing accidents, injuries, and/or damage to Property. DECLARE UNDER THE PENALTY OF LAW, THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND THAT ALL APPLICABLE CITY ORDINANCES AND REGULATIONS HAVE BEEN OR WILL BE COMPLIED WITH. I/MY ORGANIZATION WILL TAKE RESPONSIBILITY FOR ANY VIOLATION OF TOWN OF CASTLE ROCK LAWS THAT OCCUR IN RELATION TO THE ABOVE NAMED EVENT. Applicant's Signature Date of Application ☐ Approved ☐ Denied ☐ PD/FD Notified FOR OFFICE USE ONLY: Special Requirements/Comments: _____

Date

REQUEST FORM FOR TEMPORARY STREET CLOSURE

Name of Person circulating				
request:	Address:	Phone:		
A request has been made	for a temporary closure of your st	reet. Are you in favor of the	nis proposa	l?
Signature of Property Owner	Address of Property Owner	Telephone	Yes	No
			l .	
	CULATED TO ALL OF THE RESIDE OSURE? IF NO, STAT		FECTED B\	/ THIS
HAS 80% OF THE RESIDE	NTS OF THE AFFECTED STREET S	SIGNED THE PETITION FA	VORING TH	IIS
C	CLOSURE? IF NO, ST	ATE REASON:		

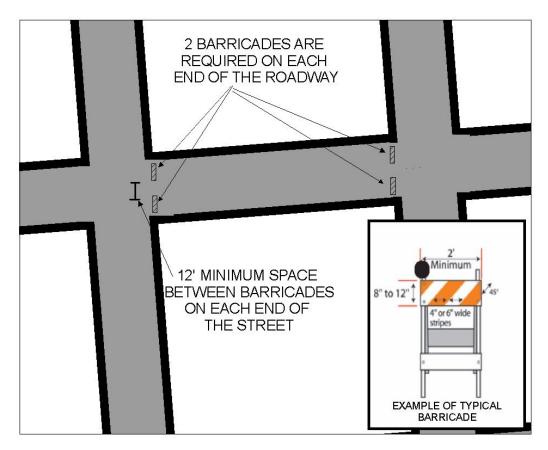


FIGURE #1

Barricade Usage Agreement

(to be filled out and signed at barricade pickup)

I, hereby agree to take poss	ession of and use the following $\underline{\text{TYPE II BARRICADES}}$ on these dates:
for the specific purposes of blocking thru traff	ic for the following event- Block Party
I fully understand the proper use and set up for	or using these barricades per the attached permit and have received
permission by the Town of Castle Rock for such	ch use.
I further agree to take full responsibility for the	neir physical condition. If damage is incurred during the event to the
traffic control devices I am responsible for rep	placement and/or costs incurred in replacement of the damaged traffic
control devices.	
Name:	If you have any questions, please contact the
Address:	Transportation Division at: 720-733-2473
Phone number:	
Signature	
Data	