



# Temporary Closure Street/Public Parking Spaces/Sidewalk

Applicant Name/Title: \_\_\_\_\_

Company: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (check preferred method):  Office: \_\_\_\_\_  Mobile: \_\_\_\_\_

Street/Sidewalk/Public Parking Area to be Closed: \_\_\_\_\_

Number of Parking Spaces to be Closed: \_\_\_\_\_

Date(s) and Time(s) of Closure: \_\_\_\_\_

Reason for Closure:

**Block Party**

- Applicant must be a resident of the street to be blocked.
- Public way to be blocked with items that are easily removable (saw horses, cones) to allow Police & Fire entry, if needed.
- One lane must remain open at all times for emergency vehicles.
- If sound amplification is to be used, a Sound Application must be approved by the Police Department.

**Dumpster**  **Construction**  **Event**  **Other:** \_\_\_\_\_

1. Please provide the following information:

- A sketch indicating the street(s)/sidewalk(s)/parking area(s) to be impacted, including the specific street address(es) of dumpster location. The sketch should show the following: city streets around the job site, the job site, sidewalks and public parking spaces affected (if any), the direction of travel lanes (use arrows), and the temporary traffic control measures to be used to safely channel/detour traffic.
- Detour plan (if needed).
- Certificate of Liability Insurance naming the City of Lebanon as an additional insured.

2. In the event any object(s), including, without limitation, any equipment, vehicles, temporary scaffolding, trailers, containers, etc., are to be located within the right-of-way during the period of your temporary use, the presence of any and all such object(s) must be specifically authorized in writing and included on the aforementioned sketch. The City reserves the right, prior to approval of any additional or other objects in the future, to require additional insurance coverage from you.

3. Should you fail, at any time, to comply with any of the conditions stated above, the City may revoke your permission to use the right-of-way and require you to immediately cease activities and remove all objects and equipment.

Acknowledged: \_\_\_\_\_  
*Applicant Signature* *Date*



**CITY USE ONLY:**

Police Dept. Review/Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Dept. Review/Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Public Works Dept. Review/Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied \_\_\_\_\_ Date: \_\_\_\_\_

*City Manager*