STREET CLOSURE PERMIT APPLICATION PROCEDURE
FOR PURPOSES OTHER THAN CONSTRUCTION- RELATED ACTIVITIES

1. Please complete Items 1-3 on page 2 of this packet, sign, and date the form.

2. Have Page 3 of the Street Closure Permit Application signed by all residents affected on the block of the street closure.

3. Return Pages 2 and 3 of the completed packet to City Hall, 7018 Pine Street. The fully completed application and fee ($207.00) must be submitted 15 days prior to your event/activity to allow for further processing. You are required to submit proof of Special Event Insurance, naming the City of Hughson as "Additional Insured" in the amount of $1,000,000. ***If your event/activity requires a Special Event Application, both fully completed applications and fee ($207.00) must be submitted 30 days prior to your event/activity.**

4. A staff member will 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　　　　　　　*1419 S. 7th Street*
    Modesto ● Ph. 522-8913　　　　　*Modesto ●　Ph.571-5000*

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 comments are received 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. Please review the attached Applicant's Checklist for completion. Should you have any questions regarding the application procedure, please contact the City of Hughson at 209-883-4054.

STREET CLOSURE PERMIT APPLICATION
FOR PURPOSES OTHER THAN CONSTRUCTION- RELATED ACTIVITIES

1. **EVENT/ACTIVITY:** _____

   EVENT/ACTIVITY DATE(S): _____**TOTAL DATES FOR CLOSURE:** _____

       START TIME(S): _____ **FINISH TIME(S):** _____

   STREET(S) TO BE CLOSED: _____

   MAP INDICATING THE LOCATION OF THE EVENT/ACTIVITY IS REQUIRED WITH THIS APPLICATION

   IS THIS EVENT/ACTIVITY OPEN TO THE PUBLIC? ☐ **YES** ☐ **NO**

   WILL THIS EVENT/ACTIVITY INCLUDE ENTERTAINMENT? ☐ **YES** ☐ **NO**

   WILL THERE BE ALCOHOL AT THIS EVENT/ACTIVITY? ☐ **YES** ☐ **NO**

   If you answered "Yes" to any of the above, please complete the attached Special Event Application.

2. **SPONSORING ORGANIZATION:** _____

   LOCAL ADDRESS: _____

   CITY/STATE/ZIP: _____ **PHONE:** _____

3. **RESPONSIBLE INDIVIDUAL, IF OTHER THAN ABOVE:** _____

   ADDRESS: _____

   CITY/STATE/ZIP: _____ **PHONE:** _____

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:** _____

Fire Department Comments: _____

_____

Signature: _____ Date: _____

Police Department Comments: _____

_____

Signature: _____ Date: _____

Approved by Public Works Department:

Signature: _____ Date: _____

STREET CLOSURE PERMIT APPLICATION
CONCURRENCE BY AFFECTED PROPERTY OWNERS
ON THE STREET SEGMENT(S) BEING CLOSED

I am aware of the (proposed event/activity) _____,
planned for (dates) _____, and have no objection to the
proposed closure of (event/activity location) _____.

Printed Name	Address	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____

CITY OF HUGHSON

Community Development Department, Building Division

7018 Pine Street • Hughson, California 95326 • Office 209.883.4054 • Fax 209.883.2638

SPECIAL EVENT APPLICATION

Applicant/Organization Information

Applicant Name: _____   **Phone:** _____

Name of Business / Organization: _____   **Phone:** _____

Address: _____   **City:** _____   **State:** _____   **Zip Code:** _____

Mailing Address: _____   **City:** _____   **State:** _____   **Zip Code:** _____

Event Information

Event Name: _____   **Event Hours:** _____

Description of Event: _____

Fundraiser: ☐ Yes   ☐ No   **Event Purpose:** _____

Event Date: _____   **Event Hours:** _____

Event Location: _____   **Estimated Attendees:** _____

Street Closure: ☐ Yes   ☐ No   If YES, Please Complete Street Closure Permit Application

Age Group(s) (Youth, Adult, Family, etc): _____

Alcohol at Event: ☐ Yes   ☐ No   If Yes: ☐ Served   ☐ Sold   ☐ Guest bringing Alcohol

Food Vendors: ☐ Yes   ☐ No   **Liquor License Number:** _____

Product Vendors: ☐ Yes   ☐ No

If Yes, Product/Food Description: _____

Will your Event include: ☐ Live Music   ☐ Amplified Music   ☐ DJ   **Music Genre:** _____

Check all included items:

☐ Vendors and Booths   ☐ Electrical Generators

☐ Extra Parking   ☐ Comfort Stations (water and first aid)

☐ Sound System   ☐ Portable toilets

☐ Electrical Power Service   ☐ Other: _____

Set-up Hours: _____   **Clean-up Hours:** _____

The following must be submitted with application:

A. Map indicating location of activity.

B. Flyers describing the event. (If applicable)

C. Insurance Coverage Documentation

D. If private property is to be used for the event, applicant will provide written authorization from the property owner.

By submitting this Application, the Applicant understands that the City shall review the application under the procedures set forth in the Hughson Municipal Code. If the City approves the application, the Applicant will be notified by the City.

_____   _____
Applicant Signature   **Date**