

Request For Temporary Street Closing

- **Permit approval requires a signature from each affected household (see attached form).**
- **Applicant must be a resident of the street being affected.**

APPLICANT: Name: _____

Address: _____

Telephone: _____

Street requested to be closed: _____

For the portion located between _____ and _____

for the time period between _____ and _____ on the date _____

Is signature form attached? Yes No

Agreement:

I, the applicant, hereby agree to abide by all applicable City ordinances, regulations and orders of City officials and employees in the exercise of the privileges granted by this permit. I hereby assume responsibility for the placement and safeguarding of barricades, signs and other equipment loaned to me by the City and will clean the street after the event. I further agree to indemnify, defend and hold harmless the City, its agents and employees, from and against any and all claims, demands, causes of action, lawsuits and judgments made by any person or entity, arising from any exercise of the privilege granted by this permit, and to reimburse the City for any expense incurred by it in defense of, or by reason of, any such claim, demand, cause of action, lawsuit or judgment.

Applicant's signature: _____ Date: _____

Approvals:

Chief of Police _____ (initial approval)

City Manager _____ (final approval)

Fire Department notified by: _____ date _____

Street Department notified by: _____ date _____

Barricades needed?	Yes	No	
Arrangements made?	Yes	No	By Whom? _____

Procedures For Temporary Street Closing

- **Permit approval requires a signature from each affected household (see attached form).**
- **Applicant must be a resident of the street being affected.**

- A) Applicants are responsible for completion of street closing form and accompanying signature form.
- B) Signature form must have at least one (adult) signature per affected household.
- C) The City of Springboro approves temporary street closings with 2 (two) weeks advance notice from the date of submission.
- D) Applicant will be notified via telephone upon approval.
- E) Barricades (if requested) will be dropped off at the nearest street corner on Friday afternoon prior to the temporary street closing requested date.

Temporary Street Closing

I, the undersigned, being a legal resident of the City of Springboro, and owner/lessee of the property identified, hereby petition the City of Springboro to close and barricade against vehicular traffic,

(area to be blocked off)

on _____ between the hours of _____ and DARK.
(date)

Name _____

Address

