

CITY OF FORT MORGAN STREET CLOSURE PERMIT PROCEDURES

Temporary Street Closure permits are to be approved and issued by the Engineering & Public Works Director or his designee. Requirements are:

- Requests should be submitted at least seven (7) days prior to the date of the event.
- A map or sketch of the area to be closed must be submitted with the permit.
- Prior to a street closure permit being approved, the applicant must present a signed petition of all residents whose houses front the section of the street being closed and from those residents whose driveways access that section of street. The petition for closure shall indicate they are aware of and are in agreement with the closure, its limits, the dates and times and the activities to take place. At least 75% of the signatures on the petition shall indicate approval of the closure before a closure permit will be issued.

RULES & REGULATION FOR STREET CLOSURE

The following rules and regulations are for the safety of everyone and must be strictly adhered to:

FIRE AND POLICE DEPARTMENT RULES

1. Barricades must be easily removable.
2. In general, an unobstructed ten-foot (10') lane running in a straight line must remain available at all times, as applicable.
3. There must be an unobstructed access to buildings within the closure area.
4. All hydrants are to be kept free from any obstruction.
5. No platforms, bandstands, booths, etc., are allowed that cannot be dismantled or moved instantly.
6. No interference or hazing will be tolerated by anyone in the area directed toward any Fire or Police Department personnel in performance of their duties.
7. There must be no interference with the free flow of Fire and Police Department vehicles, as applicable.

STREET DEPARTMENT RULES

1. There shall not be allowed any activity that will cause damage to the street surface, curbs and gutters, sidewalks, or other public and private property within the rights-of-way.
2. There shall not be deposited any material on the streets which will cause damage to the street surface, curbs and gutters, sidewalks, or any other public and private property within the rights-of-way.
3. The applicant shall be responsible for the removal of any and all debris left within the rights-of-way and shall return the street and surrounding area to its original cleanliness.
4. No paint will be allowed on the street or the sidewalk.
5. When a road section is closed to traffic, barricades must be erected at the points of closure. Provision must be made to allow the access of emergency equipment and authorized vehicles, but discourage public entry.

The City of Fort Morgan shall have the authority to revoke a Street Closure Permit for any violation of the above listed rules and regulations or the violation of any City ordinance during the course of the event.

STREET CLOSURE PERMIT APPLICATION

TO THE CITY OF FORT MORGAN, COLORADO:

The undersigned hereby makes application to close the following street(s)/alley(s):

for the time period of _____ a.m. p.m. to _____ a.m. p.m.
(Not beyond 10:00 p.m.)

on _____, 20____; and states:
Day(s) of Week _____ Date(s) _____

1. Name of Applicant: _____

Representing: _____
(Group or Organization, if Applicable)

Address: _____

Phone Number: _____

Email: _____

2. Description of activity to be carried on under this permit: _____

3. Approximate number of people to participate in activity: _____.

**BY APPROVAL OF THIS PERMIT, THE CITY OF FORT MORGAN AND
THE FORT MORGAN POLICE DEPARTMENT ASSUME NO LIABILITY FOR ANY DAMAGES
OR INJURIES SUFFERED BY PARTICIPANTS AT THE ACTIVITY DESCRIBED ABOVE.**

I have read and fully understand the attached rules and regulations applying to the approval of this permit.

Dated: _____, 20____ Signed: _____

Address: _____

Reviewed by the Director of Public Works or Designee and request is [] Approved [] Disapproved.

City Staff Signature: _____ Date: _____

City Staff Title: _____

Fee: \$50.00

Office Use:

Date Paid: _____ Payment Type: Cash Check Credit/Debit Card
No. _____ Type: _____

PETITION FOR STREET CLOSURE

TO THE CITY OF FORT MORGAN, COLORADO:

Name of Organization: _____

Telephone Number: _____

Location Requested: _____

Purpose of Closure: _____

Date(s) of Use or Closure: _____, _____, 20_____
Day(s) of Week _____, Date(s) _____

Times of Use or Closure: _____ a.m. p.m. to _____ a.m. p.m.
(Not beyond 10:00 p.m.)

Signature of Applicant

Date Submitted