



CITY OF PHILOMATH

PO Box 400
980 Applegate Street
Philomath, OR 97370

Phone: (541) 929-6148
Fax: (541) 929-3044
Email: ruth.post@ci.philomath.or.us

STREET CLOSURE PERMIT

Philomath Municipal Code, Chapter 12.15 states that no person may occupy or encroach upon a public right-of-way without the permission of the City in the form of a franchise, license or permit. The City Manager has authorization to issue the street closure on the City's behalf.

Applicant Name: _____ Phone: _____

Mailing Address: _____ Email: _____

Date of Closure: _____ Time of Closure (from/to): _____

Streets to be closed: _____

Will amplified music be played? _____ (If yes, attach Broadcast Permit application.)

Will alcohol be served? _____ (If yes, attach OLCC Special Event License.)

Application Checklist

I certify by my initial that the following is true:

- _____ All information on this application is true.
- _____ Site Plan showing cross streets and areas of closure is attached.
- _____ All affected neighbors have been notified.
- _____ Street barricades and road closure signs will be reserved from Public Works Department no less than 7 days before the event.
- _____ All trash will be picked up by the end of the closure time.
- _____ During the closure a 20 foot emergency access lane will be maintained.
- _____ Attached vendor's insurance certificate naming the City of Philomath as additional insured

I shall hold the City of Philomath, its officers, agents, and employees free and harmless from any claims for damages to persons or property including legal fees and costs of defending any actions or suits thereon, including appeals therefrom, which may result from granting this permit.

Applicant's Signature _____ Date _____

APPROVED NOT APPROVED

Staff Comments:

City Manager

Date

CC: Police Department
Public Works Department
Fire Department