



CITY OF MONMOUTH  
APPLICATION FOR  
STREET CLOSURE PERMIT

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Reason for Requested Closure: \_\_\_\_\_  
\_\_\_\_\_

Date of Requested Closure: \_\_\_\_\_

Time of Requested Closure: \_\_\_\_\_

Location of Requested Closure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a sketch of the requested closure.

It is your responsibility to provide, place and remove the barricades.

The Fire Department has two requirements:

- 1) Barricades must be easily moveable and
- 2) One lane of the street needs to remain unblocked in case of an emergency. The Fire Department prefers the unblocked side of the street to be the side with a fire hydrant.

***It is also your responsibility to contact the County if your event starts in the City and continues into the County. It is your responsibility to contact the Oregon Department of Transportation if your event involves Hwy. 99/Pacific Ave. or Main Street which is state highway 51.***

If you are found to be in non-compliance with the terms of the permit, your event may be closed down and you may not be granted street closure permits in the future.

The undersigned agrees to defend, indemnify and hold the City of Monmouth, its officers, agents and employees, harmless from and against all claims, liabilities, demands, damages and actions, of whatever form or nature, including property damage, personal injury and death, together with costs and attorney fees incurred in defense thereof, arising from or relating in any way to the street closure authorized by this permit and the undersigned's activities in connection with this permit. If required as a condition of this permit, the undersigned agrees to obtain a policy of general liability insurance insuring the City of Monmouth in such amount as required by the City, in which case the undersigned shall name the City of Monmouth as additional insured and shall provide the City with a Certificate of such insurance that shall provide, among other things, that the policy may not be cancelled without prior notice to the City.

I understand and agree to the terms of this Street Closure Permit.

\_\_\_\_\_  
Applicant

\_\_\_\_\_ CLOSURE APPROVED

\_\_\_\_\_ CLOSURE NOT APPROVED

\_\_\_\_\_  
City Representative