



TOWN OF WHITE SPRINGS

"On the Banks of the Suwannee River"

INSTRUCTIONS FOR APPLYING FOR STREET CLOSURE PERMITS

The Town Manager or the manager's designee is authorized to issue, amend, rescind, or deny all **Street Closure Permits** for events such as block parties, street dances, or other events where a street closure is necessary for public safety. Applications for street closure permits can be obtained at Town Hall, 10363 Bridge Street, White Springs, Florida, 32096. Applications must be submitted at least ten (10) business days excluding Fridays, weekends and holidays prior to the scheduled event. This time is necessary as other City Departments must approve the closure and order and schedule the delivery of barricades. **THERE WILL BE NO EXCEPTIONS TO THIS TIME REQUIREMENT.** A completed application shall include the following:

1. Name(s) of the person, group, or organization sponsoring the event.
2. Date, time, and duration of event. In accordance with City Ordinances governing excessive noise, events associated with an approved Street Closure must end by 12:00 PM. Other City Ordinances and Florida Statutes governing noise, alcohol, traffic, parking, and disorderly conduct will remain in effect and will be enforced.
3. Desired location, including a map depicting the areas to be closed to thru traffic.
4. Written approval of all abutting property owners.
5. Payment in the amount of \$30.00 for each named roadway to be closed. Cash or money order required. Money orders must be made payable to: **The Town of White Springs. Personal Checks will not be accepted.** This fee is expected to cover the typical cost for barricades. Applicant shall be responsible for payment of any additional cost as determined necessary by Public Works where more than the usual number of barricades are needed to maintain public safety.

If Alcoholic Beverages are to be sold or served, applicant shall furnish proof of licensure and appropriate Liquor Liability Insurance. Also, the presence of alcohol at the street closure shall require the hiring at applicant's expense of one off-duty police officer or licensed security guard for every 50 event attendees.

Applicants will provide adequate supervision for all planned activities, ensuring the safety of the participants and the protection of all persons and property. Applicants will also be responsible for cleaning up the affected area after the event has ended. There will be **NO** vending (i.e. sale of foods, beverages, etc.) without proper City permits and/or licenses. All applicants and/or event organizers will ensure that the event complies with all City and County Ordinances and Florida law.

Barricades will be dropped at designated location prior to the street closure. It will be the responsibility of the applicant to place the barricades across the roadway at the beginning of the event and then to remove the barricades back to the area where they were dropped off at the conclusion of the event.

Should the location for the event be determined to be unsuitable in the sole discretion of the Town Manager, an alternate site may be recommended for approval. If the permit is approved, the applicant will be mailed or e-mailed a copy of the Street Closure Permit. The applicant should retain this approved copy until the event has concluded and be prepared to display the permit at any time during the event. If the application is denied, the applicant will be notified of the denial and the reason for denial.

The Town Manager or the manager's designee may deny an application or amend or revoke an approved application at any time. Reasons for denial or amendment may include but are not limited to: submission after the 10 business day limit, incomplete application, applicant's history of complaints or problems with previous closures, violations of any statute or local ordinance, falsification of an application, or a scheduling conflict with a previously approved event.

KEEP THIS SHEET FOR YOUR RECORDS



White Springs Street Closure Permit Application

White Springs Town Hall, 10636 Bridge Street, White Springs, Florida 32096, Office (386) 397-2310

The undersigned hereby applies for a Street Closure Permit and provides the following information and represents that it is true and correct and accepts that the Town of White Springs may, at any time, deny this application or amend or revoke any permit issued in the interest of public safety:

Event Information

Name of Event				
Date of Event				
Event Times	Roadway Will Be Closed From:	<input type="checkbox"/> AM	To:	<input type="checkbox"/> AM
		<input type="checkbox"/> PM		<input type="checkbox"/> PM
	Event Begins:	<input type="checkbox"/> AM	Ends:	<input type="checkbox"/> AM
		<input type="checkbox"/> PM		<input type="checkbox"/> PM
Roadway To Be Closed				
	From What Street:		To What Street:	
Purpose of Event				
Estimated Attendance				
Items Placed in the Roadway	<input type="checkbox"/> Bounce Houses <input type="checkbox"/> Tents (900 Sq. Ft or Greater) <input type="checkbox"/> Other(_____)			
	<i>*Some items placed in roadway may require additional insurance or permitting*</i>			
Alcoholic Beverages	Will beer, wine or any alcoholic beverages be served or sold as part of this event? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, proof of Liquor Liability Insurance MUST be included with this application. Also, this MAY require the hiring of off-duty police officers.			

Applicant Information

Applicant
(MUST Be Completed)

Name			
Address			
City, State, Zip			
Phone Numbers	Cell:	Work:	Home:
E-Mail Address			

Organization

Name of Organization			
Address			
City, State, Zip			
Phone Numbers	Cell:	Work:	Home:
E-Mail Address			



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Signature and Notary

The applicant, for themselves and for the other persons, organizations, firms and corporations listed in the **Applicant Information** section of this application, does hereby contract and agree that they will jointly and severally indemnify and hold the Town of White Springs, Florida, harmless against liability for any and all claims for personal injury, property damage, or wrongful death arising out of or resulting from the issuance of this permit or the conduct of the event or its participants.

The event organizers and the expected conduct of the participants will conform to all requirements of law and all ordinances of the Town of White Springs and Hamilton County.

Signature of Applicant: _____

Date: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public _____

Special Conditions of Permit by the Town Manager (or Designee)

Permit Approval

The application for a Street Closure Permit is hereby granted subject to all of the terms listed in the permit application as well as any Special Conditions listed above.

Town Manager or Designee

Date



White Springs Street Closure Permit Application

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Property Owner Approval Signature Sheet

We, the undersigned property owners in the Town of White Springs, Florida, have no objections to the street abutting our property being temporarily closed for the time span indicated below:

Date Closure Begins: _____ Time Closure Begins: _____ AM PM

Date Closure Ends: _____ Time Closure Ends: _____ AM PM

Roadway to be Closed: _____ From What Street: _____ To What Street: _____

2nd Roadway to be Closed: _____ From What Street: _____ To What Street: _____

Printed Name

Signature

Address

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Site Map

Please complete a map indicating the area you wish to have closed. Be sure to label the streets to be closed and include surrounding streets, alleys and any other vehicular accesses to the area. In lieu of drawing a map, you may provide a digital map printout of the area with the roadway(s) to be closed clearly marked. Please also provide any other details which need to be considered in approving this application.

[Large empty rectangular area for drawing the site map.]

Drawn by: _____

Date: _____