

CITY OF COTTLEVILLE

5490 Fifth Street, Cottleville, MO 63304
Phone: (636) 498-6565 • Fax: (636) 498-6575

STREET CLOSURE REQUEST FORM

This form should be submitted to City Hall for approval at least seven (7) days prior to the date of closure.

Closure Date(s): _____ Time: _____ am/pm to _____ am/pm

Location of Street Closure: _____

Event/Reason for Closure: _____

Organization: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Day of Event Phone: _____

Email: _____

CONDITIONS FOR STREET CLOSURES OR TEMPORARY USE:

- Application Fee (\$_____.____). Please make a check payable to the City of Cottleville.
- All affected properties have been notified.
- Map demonstrating a route, intersection closures, and/or roadway closures or temporary use.
- No object of any nature shall be fastened to or erected over the surface of the street or sidewalk, and no object shall be affixed to any pole upon any street or sidewalk, without prior written consent of the Director of Public Works.
- Painting upon any street or sidewalk surface is prohibited unless a washable paint is used and removal is accomplished within 24 hours of termination of the period of such closure or temporary use. If paint is not removed within 24 hour period, it will be removed by City personnel and an additional \$50.00 fee will be charged.
- Official traffic control devices shall not be blocked or covered at any time.

APPLICATION AGREEMENT:

We request the City of Cottleville to permit closure of the abovementioned street(s) for the time period specified and for the event specified. We further agree that we shall hold the City, its officers and employees, whether elected or appointed, harmless from any and all liability arising from the event planned, regardless of the negligence of the City of Cottleville. We further agree to provide immediate access to emergency vehicles at any time.

Applicant's Signature

Print Name

Date

