

**APPLICATION FOR BLOCK PARTY STREET/LANE CLOSURE**

**Submit To:** Public Works Department  
4175 N. Castleton Ct.  
Castle Rock, CO 80109

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_

24-HOUR CONTACT PERSON: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

APPLICATION IS HEREBY MADE FOR STREET AND/OR LANE CLOSURE AS FOLLOWS:

LOCATION (Streets affected by closure): \_\_\_\_\_

TYPE OF CLOSURE:  STREET  LANE

DATE OF CLOSURE: \_\_\_\_\_ TIME OF CLOSURE: From \_\_\_\_\_ to \_\_\_\_\_

PURPOSE OF CLOSURE (Attach to this document a map of the streets/lanes that will be closed): \_\_\_\_\_

**STREET AND/OR LANE CLOSURE REQUIREMENTS:**

- Applicant request must be made 30 days prior to street closure / 7 days prior to lane closure.
- Town has up to 21 days for traffic control review and approval of street closure application/ 5 days for lane closure applications.
- Applicant is responsible for obtaining signatures of at least 80% of adjacent property owners of the street/lane closure affected area prior to the closure and shall maintain access to all sidewalks and driveways.
- Applicant is responsible for obtaining barricades. Barricades to block off the street must be in accordance with the Manual On Uniformed Traffic Control Devices (MUTCD). **NO OTHER MEANS OF CLOSING THE STREET WILL BE ACCEPTABLE.** The barricade agreement with this Permit must be signed in order to use the Town's barricades. If the applicant chooses not to use barricades provided by the Town, they must be rented from a contractor.
- Applicant shall protect existing public property from damage and shall be responsible for any repairs required as a result of the applicant's action, omissions, or negligence.
- Applicant indemnifies and holds harmless the Town of Castle Rock and its officers, agents, and employees from all liability, loss, cost and expenses, including attorney's fees, that may result from the applicant's failure to take all necessary precautions for preventing accidents, injuries, and/or damage to Property.

**I, \_\_\_\_\_ DECLARE UNDER THE PENALTY OF LAW, THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND THAT ALL APPLICABLE CITY ORDINANCES AND REGULATIONS HAVE BEEN OR WILL BE COMPLIED WITH. I/MY ORGANIZATION WILL TAKE RESPONSIBILITY FOR ANY VIOLATION OF TOWN OF CASTLE ROCK LAWS THAT OCCUR IN RELATION TO THE ABOVE NAMED EVENT.**

Applicant's Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

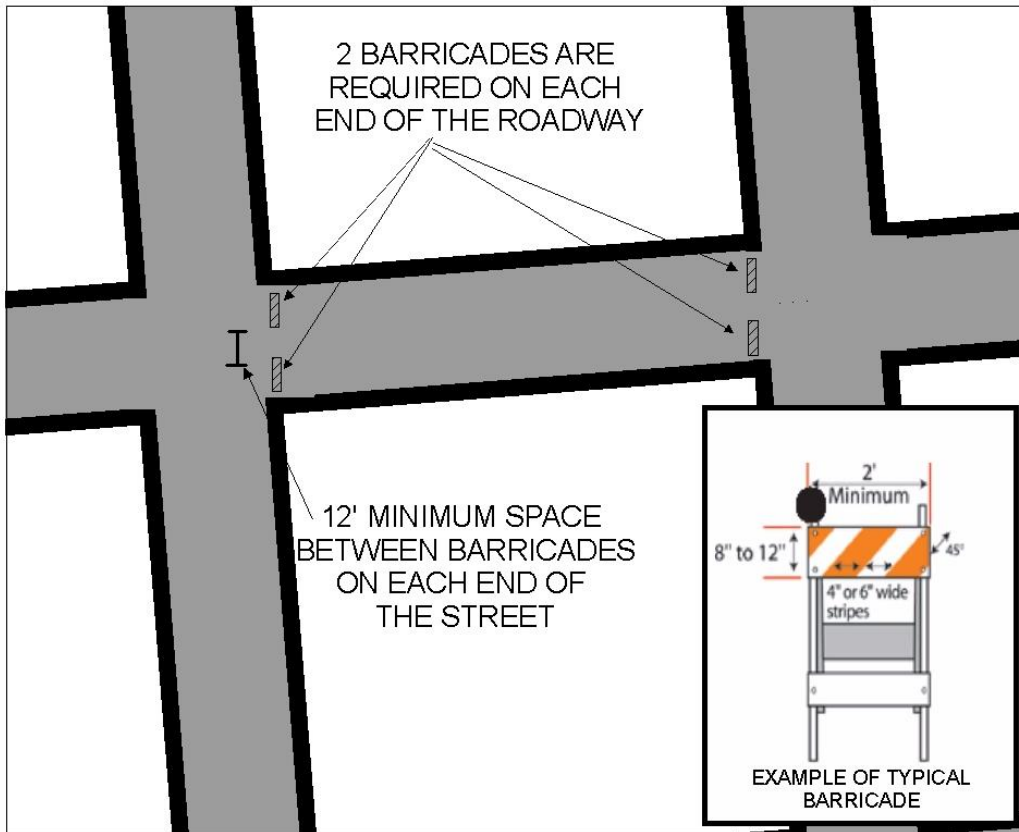
**FOR OFFICE USE ONLY:**  Approved  Denied  PD/FD Notified

Special Requirements/Comments: \_\_\_\_\_

Public Works Director or Designee \_\_\_\_\_

Date \_\_\_\_\_





**FIGURE #1**

**Barricade Usage Agreement**

*(to be filled out and signed at barricade pickup)*

I, \_\_\_\_\_ hereby agree to take possession of and use the following 4 TYPE II BARRICADES on these dates: \_\_\_\_\_ for the specific purposes of blocking thru traffic for the following event- **Block Party**

I fully understand the proper use and set up for using these barricades per the attached permit and have received permission by the Town of Castle Rock for such use.

I further agree to take full responsibility for their physical condition. If damage is incurred during the event to the traffic control devices I am responsible for replacement and/or costs incurred in replacement of the damaged traffic control devices.

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

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

Phone number: \_\_\_\_\_.

Signature \_\_\_\_\_.

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

**If you have any questions, please contact the  
Transportation Division at : 720-733-2473**