

City of Kaufman

STREET CLOSURE APPLICATION

Closure Date(s) _____ Time _____ AM/PM to _____ AM/PM
 Event or Reason for Closure _____

Location of street closure _____
 Name of two closest cross streets 1. _____ 2. _____
 Do you require the entire street width or only a portion of the street? _____

Organization Name _____
 Contact Name _____
 Mailing Address _____
 Email Address _____
 Phone Number _____ Cell Number _____

Are there arrangements for property owners or businesses to get to their property? Yes No
 Have you notified all of the property owners or business that will be affected with the street closure? Yes No
 Are there any hospitals, nursing homes, day cares, ambulance services, or apartments located in the area? Yes No

Are Barricades Required?	Yes	No	How Many Are Needed?	
Is the City of Kaufman to deliver and pick up the barricades?				Yes No
What address do they need to be delivered to? _____				
What day and time do they need to be delivered to? _____				
Signature of person receiving the barricades: _____				
What address do they need to be picked up from? _____				
What day and time do they need to be picked up? _____				
Signature of person returning the barricades: _____				
To have the barricades pick up and drop off, there must be an adult at the location to sign for the barricades. If there is not an adult to sign for the barricades, they will not be left and you will have to make other arrangements.				
Are you going to pick up and drop off the barricades?				Yes No
To pick up and drop off the barricades, you will need to contact the City of Kaufman Street Dept. at 972-932-2537 to arrange a time to pick up and drop off the barricades. The City of Kaufman Street Dept. is located at 300 3 rd Street.				
Signature of person receiving the barricades: _____				
Signature of person returning the barricades: _____				

1. For safety reasons, the City of Kaufman requires that barricades be utilized when closing public streets.
2. By signing this application, I am agreeing to be responsible for the barricades issued to me.
3. We request permission to close the above street(s) for the time period specified and for the event specified.
4. I further agree that I shall not hold the City, its officers and employees, whether elected or appointed, harmless from any and all liability arising from the event planned and described above.
5. I agree to provide immediate access to any emergency vehicles during the proposed street closure.

Applicant Signature: _____ **Date:** _____

3003 SOUTH WASHINGTON • PO Box 1168 • KAUFMAN, TEXAS 75142 • (972) 932-2216 • FAX (972) 932-0307

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Street Name:

Street Name:

Street Name:

Street Name:

1. Write in the street names in the vicinity.
2. Please mark the location of your event on the grid above.
3. Please mark the location of the street to be closed.
4. Please mark the location of where the barricades will be located.
5. If the barricades are to be delivered and picked up, please mark the location.

Office Use Only

Street Department	Approved / Denied	Date: _____	Signature _____
COMMENTS:			
Police Department	Approved / Denied	Date: _____	Signature _____
COMMENTS:			
Fire Department	Approved / Denied	Date: _____	Signature _____
COMMENTS:			
Development Services	Approved / Denied	Date: _____	Signature _____
COMMENTS:			
<ol style="list-style-type: none"> 1. Has a Temporary Use Permit been completed? 2. Send a copy of this signed form to the Ambulance Services. 3. Is any of the streets State Highways? Do they have permission from TxDOT? 4. Get a copy of a State issued identification. 5. 			

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