



CITY OF ARVADA

Public Works Department Traffic Engineering Division
8101 Ralston Road – Arvada, CO 80002
Phone – 720-898-7740 – Fax – 720-898-7755

REVOCABLE TEMPORARY STREET CLOSURE APPLICATION

This application is for temporary closure of commercial streets for a special event. In order to receive a street closure permit, you must have the consent of 80% or more of the residences and businesses along the area you wish to close. Please fill out this packet with all of the appropriate information and upload it as an attachment to your application in eTRAKiT.

You must also submit a Temporary Traffic Control Plan (TTCP) showing the exact location and types of devices that will be used to close the street, in accordance with Arvada standards and the Manual of Uniform Traffic Control Devices.

If you have any questions about this form, please contact Traffic Engineering during regular business hours by telephone at 720-898-7740.

This is a revocable permit, which can be canceled at any time if complaints are received or City Ordinances are violated.



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BARRICADES

A barricade is a portable device, consisting of one to three rails with appropriate markings, used to restrict all or a portion of the right-of-way of a street to vehicular traffic. According to the “Manual on Uniform Traffic Control Devices” (MUTCD) Type III Barricades should be used on commercial streets. The following criteria need to be followed in order to comply with the standards set in the MUTCD and by the City of Arvada:

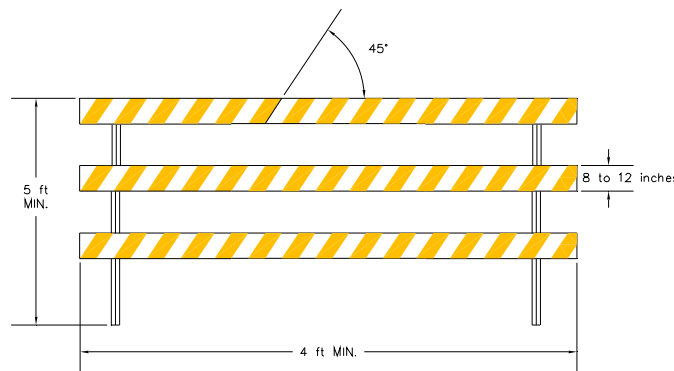
- Use a Type III Barricade
- The striping on a barricade should be alternating orange and white retroreflective striping sloping downward at a 45 degree angle
- Barricades shall be used on each end of the closed street
- If the barricades remain in use during night hours, the barricades shall be equipped with flashing lights
- If the overturning of a sign could be of concern due to wind, sandbags shall be used to hold the barricade in place

At the discretion of the City Traffic Engineer or a designated representative, additional barricades maybe required to restrict vehicular access to the street.

NO OTHER MEANS OF CLOSING THE STREET WILL BE ACCEPTABLE.

Barricades maybe obtained though several barricade rental companies listed in the Yellow Pages of the phone book.

If you have any questions, please contact Traffic Engineering Division at 720-898-7740



TYPE 3 BARRICADE

Conditions of Approval

- _____ 1. If Arvada Police Officers respond to a complaint of noise, or any complaint related to this event, the applicant(s) must immediately identify themselves to the responding officers as the responsible parties. The applicant(s) must cooperate in helping resolve complaints.
- _____ 2. If Arvada Police Officers respond on more than one occasion to noise related to this event, the police officer in charge at the scene shall act as the designee of the City Manager in determining whether or not to revoke the Street Closure Permit. If the Street Closure Permit is revoked, the applicant must immediately open the street, remove all barricades and other closure devices, and assist the police in dispersing participants from the street.
- _____ 3. The applicant(s) is encouraged to notify the Police Department in the event they are unable to control a situation.
- _____ 4. Applicant agrees to close the street in accordance with the approved traffic control plan, including any comments.



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Indemnification Agreement

APPLICANT AGREES TO INDEMNIFY AND HOLD HARMLESS THE CITY OF ARVADA (AND ANY OTHER APPLICABLE SPECIAL DISTRICT OR POLITICAL SUBDIVISION OF THE STATE) AND ANY OF ITS OFFICES OR EMPLOYEES FROM ANY AND ALL CLAIMS, DAMAGES, LIABILITY, OR COURT AWARDS, INCLUDING COSTS AND ATTORNEY’S FEES, ARISING OUT OF, IN CONNECTION WITH, RESULTING FROM, OR IN ANY WAY RELATED TO, THE ISSUANCE OF THE REQUESTED BLOCK PARTY (SPECIAL EVENT) PERMIT OR ANY ACT OF OMISSION OR COMMISSION BY THE APPLICANT OR ANY OF ITS EMPLOYEES, AGENTS, REPRESENTATIVES, OR CONTRACTORS, IN CONDUCTING THE BLOCK PARTY. APPLICANT ALSO AGREES TO REIMBURSE THE CITY OF ARVADA FOR ANY COSTS INCURRED RELATED TO THIS BLOCK PARTY (SPECIAL EVENT). BY SIGNING BELOW I UNDERSTAND THAT I AM RELEASING THE CITY OF ARVADA OF ANY RESPONSIBILITY ????

Signature Position Date

This application, when completed, signed and accompanied by all required documentation should be submitted to the City Traffic Engineer for review and consideration.

I, DECLARE UNDER 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, IN ARRORDANCE WITH REVOCABLE TEMPORARY STREET CLOSURE PERMIT. I/MY ORGANIZATION WILL TAKE RESPONSIBILITY FOR ANY VIOLATION OF CITY OF ARVADA LAWS THAT OCCUR IN RELATION TO THE AVBOVE NAMED BLOCK PARTY (SPECIAL EVENT).

Signature Position Date



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PETITION FOR REQUESTING TEMPORARY REVOCABLE STREET CLOSURE

Applicant: Fill in the event details and your contact information on the next page. Circulate this cover sheet and the signature page to every address fronting the requested closure area. Use additional pages if necessary.

Resident/Business: The City of Arvada has received a request for a temporary closure of your street. When such a request is received, we believe that those affected by the proposed closure should be notified in order to advise us if you agree or disagree with the request.

If 80% or more of the affected parties approve of the request, the Traffic Engineering Division will take the request under consideration for final approval. Those not favoring the request will be given every possible consideration.

Attached is a request form with space for your signature, address, and phone number. Please mark **yes** if you are in favor, and **no** if you are not in favor of the above request.



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REQUEST FORM FOR REVOCABLE TEMPORARY STREET CLOSURE

Location, Date and Time of Planned Event: _____

Name of person circulating request: _____ Address _____ Phone: _____

A request has been made for a temporary closure of your street. Are you in favor of this proposal?

	SIGNATURE OF RESIDENT OR BUSINESS OWNER	ADDRESS OF PROPERTY & NAME OF BUSINESS	PHONE NO.	YES	NO
1.	<i>Signature</i>	<i>Address</i>			
	<i>Print Name</i>	<i>Business Name</i>			
2.	<i>Signature</i>	<i>Address</i>			
	<i>Print Name</i>	<i>Print Name</i>			
3.	<i>Signature</i>	<i>Address</i>			
	<i>Print Name</i>	<i>Print Name</i>			
4.	<i>Signature</i>	<i>Address</i>			
	<i>Print Name</i>	<i>Print Name</i>			
5.	<i>Signature</i>	<i>Address</i>			
	<i>Print Name</i>	<i>Print Name</i>			
6.	<i>Signature</i>	<i>Address</i>			
	<i>Print Name</i>	<i>Business Name</i>			

* HAS A PETITION BEEN CIRCULATED TO ALL OF THE BUSINESSES THAT WOULD BE AFFECTED BY THIS CLOSURE? IF NO, STATE REASON

* 80% OF THE BUSINESSES AFFECTED BY THE CLOSURE MUST SIGN AND AGREE TO THE CLOSURE.

* SPECIAL CONDITIONS: _____