

PLEASE READ INSTRUCTIONS THOROUGHLY!

Please complete the attached Street Closing Application and return it with the applicable fee to the City of Jamestown, 102 3rd Avenue SE, Jamestown, ND 58401:

1. Requests for street closing must have City Auditor's Office approval a minimum of seven (7) days prior to the scheduled date of closing. Fees for the closing must be paid seven (7) days prior to the scheduled date of closing.
2. Permit fees will be non-refundable if the closing is cancelled less than forty-eight (48) hours prior to the scheduled closing.
3. Center area of street must remain clear for emergency vehicles.
4. Application Fee:

COMMERCIAL: \$75.00 for the 1st day – \$25.00 each succeeding day

RESIDENTIAL:

- a) \$75.00-City will set up and remove barricades (\$25.00 each succeeding day)
- b) \$25.00-City delivers and picks up cones from site (Applicant provides set up)
- c) No charge-Applicant provides personal cones at site (Applicant provides set up)
(Must be minimum of 28 inches in height)

PARADES:

5. Contact the Police Department and speak to the Supervisor that will be working the date and time of the parade.

The City Administrator may refer the request for a street closing to the City Council for action by said body at its next regular or special council meeting or appropriate committee meeting.

CITY OF JAMESTOWN
102 3RD AVENUE SE
JAMESTOWN, NORTH DAKOTA 58401

TELEPHONE 701-252-5900
FAX 701-252-5903

STREET CLOSING APPLICATION
MUST BE SUBMITTED A MINIMUM OF 7 DAYS PRIOR TO STREET CLOSING

APPLICATION FEE:

COMMERCIAL: ___ \$75.00 For the 1st day – \$25.00 each succeeding day

RESIDENTIAL: ___ \$75.00 - City will set up and remove barricades (\$25.00 each succeeding day)
___ \$25.00 - City delivers and picks up cones from site (Applicant provides set up)
___ No charge - Applicant provides personal cones at site (Applicant provides set up)
(Must be minimum of 28 inches in height)

1. NAME OF APPLICANT _____

2. MAILING ADDRESS: _____

CITY	STATE	ZIP CODE
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3. BUSINESS PHONE NO. _____ HOME PHONE NO. _____

4. STREET TO BE CLOSED: (Center area of street must remain clear for emergency vehicles)

5. DATE & HOURS STREET IS TO BE CLOSED: _____

6. PURPOSE (EVENT) FOR WHICH STREET IS TO BE CLOSED: _____

DATED THIS _____ DAY OF _____, 20 _____.

SIGNATURE OF APPLICANT

CITY HALL USE ONLY

Date Application received: _____
Received by: _____
Application Fee Received: _____ Yes _____ No
Request Approved By: _____
Date: _____

Date Police Department, Public Works Department, Fire Department, Jamestown Ambulance, James River Transit Notified: _____