

**PLEASE READ INSTRUCTIONS THOROUGHLY!**

**Please complete the attached Street Closing Application and return it with the applicable fee to the City of Jamestown, 102 3<sup>rd</sup> 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)

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1. NAME OF APPLICANT \_\_\_\_\_

2. MAILING ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

3. EMAIL ADDRESS \_\_\_\_\_

4. BUSINESS PHONE NO. \_\_\_\_\_ HOME PHONE NO. \_\_\_\_\_

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

6. DATE & HOURS STREET IS TO BE CLOSED: \_\_\_\_\_
\_\_\_\_\_

7. PURPOSE (EVENT) FOR WHICH STREET IS TO BE CLOSED: \_\_\_\_\_
\_\_\_\_\_

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

SIGNATURE OF APPLICANT

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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: \_\_\_\_\_