



## Street Closure Permit

Applicant Name/Contact Person \_\_\_\_\_

Event Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Emergency/Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Type and Purpose of Event \_\_\_\_\_

Location(s) \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

Time of event (include setup & dismantle) \_\_\_\_\_

Street(s) to be closed (attach map) \_\_\_\_\_

Detour Route

Applicant agrees to notify all affected property owners, service providers, and to also maintain access for emergency vehicles. Applicant agrees to defend, indemnify and save harmless the City, its appointed and elected officers and employees, from and against all loss or expense, including but not limited to judgments, settlements, attorney's fees and costs by reason of any and all claims and demands upon the City, its elected and appointed officials or employees for damages because of personal or bodily injury, including death at any time resulting there from, sustained by any person or persons and on account of damage to property including loss of use there from, arising out of any activity under or in connection with this event, except only such injury as shall have been occasioned by the sole negligence if the City, its appointed or elected officers or employees.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only

Application received: \_\_\_\_\_ Date approved by City Council: \_\_\_\_\_

Submitted to Public Works     Submitted to Police Dept     Submitted to Clark County Fire

Public Works Approval (initial/date) \_\_\_\_\_