

REQUEST FOR STREET CLOSURE APPLICATION FORM

Updated: October, 2019

Permit # _____



CONTACT INFORMATION

Applicant's Name		Telephone #	
Applicant's Mailing Address		Email Address	

DESCRIPTION OF REQUEST

Request Type: Escort Construction Event Reason for Closure: _____

Block #(s) and Street Name(s)*: _____

*For all TxDOT road closures, please call 512-353-1064

Number of Lanes to be Closed: All Lanes, Both Directions All Lanes, One Direction _____
 One Lane, Specify: _____ Other: _____

Time for Closure: Start Date _____ Time _____ End Date _____ Time _____

Will the street be passable for regular traffic: Yes No Specific Times: _____

Will the street be passable for emergency vehicles: Yes No Specific Times: _____

AUTHORIZATION

All required application documents and fees have been included with this application. I understand that the City of San Marcos will only accept this application and fees when all required documentation has been provided.

I agree to hold harmless, indemnify and defend the City, its officers and employees from and against all claims for personal injury or property damage that arise in connection with the street closure.

Filing Fee as noted on pg. 2 Technology Fee \$13 TOTAL FEE ATTACHED \$ _____

Applicant's Signature: _____ Date: _____

Printed Name: _____

To be completed by Staff: The applicant is required to provide the following:

Barricades / Traffic Control Devices Portable Toilets Trash Receptacles Traffic Control Officers

Other: _____

_____, I, the applicant, agree to comply with the requirements as determined by the City and outlined above (initial)

APPROVED DENIED SIGNED BY: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

