



P.O. Box 38, 537 Main Street, Seward, Nebraska 68434. Phone: 402-643-2928. Fax: 402-643-6491. www.CityofSewardNE.gov

APPLICATION FOR TEMPORARY STREET CLOSURE PERMIT

I, the undersigned, having read and understand the City of Seward Street Closure Policy, which includes the following provisions:

- No alcoholic beverages in street or public right-of-way
- No closures allowed on 4th of July
- No excessive and prolonged noise or music
- Assurance that all clean-up of streets is performed
- Applicant must file a Certificate of Liability Insurance naming the City of Seward as insured in the amount of \$1 million.

do hereby petition for the closure of

_____ between _____
(STREET NAME) (LIST BOTH CROSS STREETS AND ADDRESSES)

on _____ from _____ to _____ for the purpose of _____
(DATE) (TIME) (TIME)

_____ for approximately _____ people.

Additionally, I **DO / DO NOT** (CIRCLE ONE) request any barricades to be supplied from the City.

If yes, I would like the barricades delivered to the site on _____ by _____.
(DATE) (TIME)

APPLICANT'S NAME ORGANIZATION NAME TELEPHONE NO.

APPLICANT'S/ORG. ADDRESS CITY STATE ZIP

APPLICANT'S SIGNATURE DATE

*****APPLICANT MUST COMPLETE PAGE 2 FOR VALID APPLICATION*****

A Certificate of Liability Insurance naming the City of Seward as additionally insured in the amount of \$1,000,000 is required. The insurance certificate must show evidence of coverage specific to the event and activities to be conducted. The City Clerk must have the insurance certificate in hand before a permit will be issued.

Date insurance certificate filed with City: _____

FOR CITY OF SEWARD USE ONLY	DATE PERMIT ISSUED: _____
MAYOR APPROVAL:	_____
CHIEF OF POLICE APPROVAL:	_____
STREET SUPERINTENDENT APPROVAL:	_____

****PLEASE PRINT PAGE 2 TO SEPARATE PAGE****

RESIDENTS/OWNERS OF PROPERTY ABUTTING STREET CLOSURE

We, the undersigned, do hereby consent to the Temporary Street Closure Permit as described in this application (Only one adult signature needed per address):

ADDRESS PRINTED NAME SIGNATURE

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