



Application – Part I

Private Event with Request for Road Closure

Caldwell City Clerk’s Office, 411 Blaine Street, Caldwell, ID 83605

Phone: (208) 455-4656/ Fax: (208) 454-3003

This application should be submitted and no later than **7 calendar days** prior to the event. It is understood that the request is for an event to be held on private property with the intent to seek a road closure for an **“UNCLASSIFIED”** street in conjunction with the event. There is no fee associated with the Private Event Certificate/Road Closure Permit.

FOR INTERNAL USE ONLY:

Date Application Received: _____ * Application: Part I & Part II

_____	Application sent to City Engineer	_____	Returned
_____	Application sent to Fire Chief/Fire Marshal	_____	Returned
_____	Application sent to Police Chief/Police Captain	_____	Returned
_____	Application sent to Mayor	_____	Returned

_____ Final Event Certificate completed with recommendations.
 _____ City Clerk’s Office staff member has met with applicant to issue Private Event Certificate & Road Closure Permit and review requirements.

A. GENERAL INFORMATION

Type of Event: _____

Date of Event: _____ Anticipated number in attendance: _____

Type of Event: _____

Beginning Time of Event: _____

Ending Time of Event: _____

Location of Event: _____

B. APPLICANT INFORMATION

Applicant Name: _____

Organization: (Home Owners Association, Civic Group, etc.) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Emergency Contact: _____

Phone: _____ Cell #: _____ Email: _____

C. BRIEF DESCRIPTION AND PURPOSE OF EVENT (attach additional page if necessary)

*Please attach any flyer or advertisement for the event.

D. STREET CLOSURE REQUEST

List all street(s) and alleys (or lanes of streets) requiring temporary closure (either full or partial) as a result of this event.

STREET NAME OR ALLEY	DATE OF CLOSING	TIME OF CLOSING	DATE OF REOPENING	TIME OF REOPENING

E. EVENT DETAILS

YES NO

 Does the event involve the sale of food?
 If yes, you may need a food permit from Southwest District Health Department. (Please call SWDHD at 455-5300)

 Will there be entertainment at your event?
 NOTE: If amplification is used, you will be required to comply with the City's Noise Ordinance.
 Caldwell City Code: http://www.sterlingcodifiers.com/codebook/index.php?book_id=377
 Amplification Start Time: _____ Amplification End Time: _____

 Will this event be marketed, promoted, or advertised in any manner?
 If yes, explain and indicate type of advertising that will be used: _____

F. PARKING

How will parking be accommodated for this event? (please explain below)

1. Use of all parking lots, driveways, and street parking must be identified.
2. Use of private property (including driveways) is prohibited unless written permission from the property owner is attached to this application.
3. All fire lanes and fire hydrants must be kept clear of any parked vehicles and any other obstructions for the entire course of the event, including set-up and take-down time.

G. SITE PLAN

A **Site Plan must** be attached that identifies the following (you can print out maps from google.com or mapquest.com).

- An outline of the entire private event including the names of streets or areas that are part of the venue.
- The location of barricades. Indicate any removable fencing for emergency access.
- Space allotted for parking. All parking areas **MUST BE IDENTIFIED ON THE SITE PLAN.**

SPECIAL INFORMATION FOR APPLICANTS:

- It is recommended that you notify neighboring property owners affected by the event. Event organizers will be responsible for any complaints concerning non-compliance with the noise ordinance or disturbing the peace.
- No permanent alterations to the street will be permitted.
- A list of requirements from all applicable City agencies will accompany the Private Event Certificate/Road Closure Permit. All requirements must be met or the permit will be revoked.

H. AFFIDAVIT OF APPLICANT:

I certify that the information contained in the foregoing application, as well as all submitted attachments and/or maps and site plans, are true and correct to the best of my knowledge. I have read and do fully understand the requirements and responsibilities set forth by this permit. I agree to comply with all requirements listed upon issuance of my **Private Event Certificate & Road Closure Permit**. I agree to hold the City of Caldwell and any of its agents, employees, or representatives harmless for loss, damage, or liability in association with or rising from the requested road closure, if approved.

Signature: _____ Date: _____



Part II

Road Closure Permit

Caldwell Engineering Department

This application must accompany the "Private Event with Request for Road Closure Application" submitted to the City Clerk's Office.

Date of Application _____

Name of Applicant: _____

Address of Applicant: _____

Phone: _____ Emergency Phone: _____

Event Information:

Date of Event: _____

Start time for road closure: _____ End time for road closure: _____

Location of road closure: _____

Nearest cross streets: _____

Anticipated number of attendees: _____

Describe the type of road closure barricades to be used: _____

Road Closure Plan Information: (Applicant must initial)

_____ Applicant must provide an aerial site plan. (See page 3 for details)

_____ Applicant is responsible for the rental of and placement of barricades at the approved street closure locations for the above designated event.

_____ Applicant is responsible to post event signage throughout the designated area at least **three (3) days prior** to the event.

I certify that the information contained in the foregoing application, as well as all submitted attachments and/or maps and site plans, are true and correct to the best of my knowledge. I have read and do fully understand the requirements and responsibilities set forth by this permit. I agree to comply with all requirements listed upon issuance of my **Private Event Certificate & Road Closure Permit**. I agree to hold the City of Caldwell and any of its agents, employees, or representatives harmless for loss, damage, or liability in association with or rising from the requested road closure, if approved.

Applicant's Signature: _____ Date: _____

City of Caldwell Engineering Staff Approval: _____ Date: _____