



**CITY OF NEW HAMPTON, IOWA
STREET CLOSURE APPLICATION**

Applicant Information:

Name of Applicant/Requestor: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Event Information:

Purpose of Event Application: Street Closure Neighborhood Block Party Special Event

Event: _____

Event Date: _____

Event Start Time: _____ Event End Time: _____

Estimated Attendance: _____ Will Alcohol be Served: Yes No

What Streets will be affected: _____

Number of Blocks to be Closed: _____

From Intersecting Street: _____

To Intersecting Street: _____

Closure Details: _____

Event Set-up Time: _____ Event Clean-up Time: _____

** If cones and barricades are needed for the street closure or the event, please complete the cone and barricade request form attached.

Acknowledgement of Terms

By submitting this form, I acknowledge that I have read, understood, and agree to the City of New Hampton Special Event Hold Harmless Agreement. I hereby certify the above statements are true and correct, to the best of my knowledge, and that false statement(s) may be grounds for denial of the application. It is understood the activities at all times during the event shall comply with all applicable federal, state, county, and City laws and regulations. It is further understood that the individual, organization, association, and / or block party organizer will be responsible for any and all damages arising as a result of this event. In accordance with the executed Indemnification and Hold Harmless Agreement, the applicant hereby waives any and all claims which the applicant may have as a result of this event against the City of New Hampton, Iowa, its officers, agents, employees, or council members. I have been advised of policies and procedures for the conduct of a block party in the City of New Hampton and I, or the organization I represent, have met or will meet all requirements established by the City. Further, I understand that if all requirements are not met, the Block Party and/or Street Closure Permit may be canceled by the City at any time including at the start of or during the event. If this event is sponsored by an organization, I hereby certify I have the legal authority to represent the applicant and / or the participants, and I have read the requirements for issuance of the permit and the Hold Harmless Agreement, understand their provisions, and freely and voluntarily sign this application.

Applicant Signature

Owner Signature, if not the applicant

Date: _____

Date: _____

Approval of the City:

Based on the information provided in this application, and attested to, by the applicant, I have reviewed the request and hereby approve of this application contingent of City Council approval.

Signature of City Representative

Date: _____

112 E Spring Street
 New Hampton, IA 50659
 www.newhamptonia.com



Phone: (641)-394-5906
 FAX: (641)-394-2070

Cones and Barricades Request Form

Requester's Name: _____

Organization/Committee: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Event: _____ Date of Event: _____

<u>CONES</u>	Quantity	Who will pick up cones <i>(Please Print Legibly)</i>	Cell Phone	Pick Up Date/Time	Return Date/Time
Channelizer					
				AM	AM
Traffic				PM	PM

<u>BARRICADES</u>	Quantity	Drop Off Location <i>(Please Print Legibly)</i>	Contact Person	Drop Off Date/Time	Pick Up Date/Time
			Cell Phone		
Folding					
A-Frame				AM	AM
Type III				PM	PM

By signing this application, the applicant and/or organizer is accepting full responsibility for replacing any damaged or lost cones and/or barricades furnished by the City of New Hampton. The cost for replacing each cone and each barricade can be found on the next page along with the type.

 Borrower's Signature

 Date

 Authorized By

 Date

Types of Cones & Barricades



42" Channelizer Cone (\$50)



28" Traffic Cone (\$50)



Folding Barricade (\$100)



Type III Barricade (\$300)



A-Frame Barricade (\$150)