



CITY OF BELVEDERE

450 San Rafael Avenue
Belvedere CA 94920

Phone: (415) 435-3838 ~ Fax: (415) 435-0430
www.cityofbelvedere.org

ROAD CLOSURE PERMIT

LOCATION OF STREET CLOSURE: _____

DAY / DATE / TIME OF CLOSURE: _____

PURPOSE OF STREET CLOSURE: _____

PERSON OR COMPANY CLOSING STREET:

Company Name: _____ Phone: _____

Address: _____ Fax Number: _____

Emergency Phone: _____ Emergency Contact Name: _____

Contractor can ensure that roadway may be reopened and made passable to Fire Department and Police emergency vehicles within 2 to 3 minutes. Circle One Yes No

Indemnification: Permittee shall indemnify, release, defend and hold harmless the City, its officers, agents, employees and volunteers against any and all claims, demands, suits, losses, liabilities or expenses of any kind, including attorney's fees and administrative costs to the extent caused, arising out of or resulting in any way, or in part, from the negligent acts or omissions or willful misconduct of Permittee, its officers, agents, employees, or contractors, in connection with the Permittee's duties or obligations under this Permit, or the Permittee's use of the City's right-of-way, excluding any such liability caused by the sole active negligence or willful misconduct by the City. This indemnification shall survive any termination of this Permit. Permittee shall defend, indemnify, release and hold harmless the City, its officers, agents, employees, and volunteers, from any loss, liability or damage arising from any claim, action or proceeding seeking to attack, set aside, void or annul the City's approval of the Permittee's use of the City's right-of-way pursuant to this permit.

Signature of Person Requesting Permission to Close Street: x _____

Please Print Your Name: _____

<small>STAFF USE ONLY</small>	
ROAD CLOSURE SIGNS SHALL BE POSTED BY PERMITTEE BEFORE: _____	
AT THE FOLLOWING LOCATIONS _____	

THE PERSON WHO'S SIGNATURE APPEARS ABOVE IS HEREBY GRANTED PERMISSION TO CLOSE THE STREET AS REQUESTED HEREIN ABOVE SUBJECT TO THE FOLLOWING CONDITIONS AND LIMITATIONS: _____	

Date Approved _____	by _____

ROAD CLOSURE FEE \$ _____

SIGN DEPOSIT ON FILE \$ _____

SIGN FEE \$ _____

TOTAL \$ _____

Receipt Number: _____ or Credit Card Payment Date: _____ & Service Charge: \$ _____

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Road Closure Fees

4 - Hours (½ day) = \$245.00

8 - Hours = \$489.00

Signs must be purchased from the City: \$17.00 ea.

Refundable sign deposit required (separate fee): \$26.00 per sign.

For the return of the sign deposit, immediately after Road Closure is over, signs must be taken down. When signs are not taken down immediately, and City staff must take the signs down, the sign deposit is forfeited.

- Road Closures may not start earlier than 9:00 AM and must be completed by 4:30 PM
- Applicant must submit Road Closure Application a minimum of three business days in advance.
- Fee payment and deposit must accompany Road Closure Application at time of submittal.
- A Corinthian Island road closure is never scheduled on a Monday (garbage pick-up day).
- Utility companies and other agencies should contact Public Works directly regarding any work to be done in the City right-of-way. Please telephone (415) 435-3838

Reusing signs is encouraged.

To reuse signs:

- Only white duct tape may be applied to the signs to cover-up incorrect dates on the signs.
- Reusable signs are filled out by City staff.
- The reusable signs must be submitted at the same time as the fee payment and Road Closure Application