

STREET CLOSURE PERMIT APPLICATION PROCEDURE For Purposes Other Than Construction-Related Activities

1. Please complete Items 1-3 on Page 1 of the attached Street Closure Permit Application, sign, and date the form.
2. Have Page 2 of the Street Closure Permit Application signed by all residents affected on the block of the street closure in order to process the application.
3. Return Pages 1 and 2 of the completed Street Closure Permit Application to the Department of Public Works Traffic Engineering & Development, 101 Jefferson St., Ste 202, Lafayette, LA 70501. The application must be submitted 14 days prior to your event to allow for further processing.
4. A staff member will then contact you regarding questions related to your event.
5. The Department of Public Works Traffic Engineering & Development will review your request and provide you with a traffic control plan specific to your event. This service is provided at no cost to you.
6. The applicant will be responsible for acquiring, installing and maintaining the signs, barricades and traffic control devices specified in the traffic control plan. A vendor familiar with providing the items needed for a street closure are:

LR&A, Inc. Traffic Control Construction Materials Co. 3203 Avery Island Rd. New Iberia, La. 70560 337-560-0015

The vendor name is provided for your convenience. The Department of Public Works does not endorse or promote the use of these vendors. You may use any vendor who can supply the items as specified in the latest edition of the Manual on Uniform Traffic Control Devices

7. The "Street Closure Permit Application" will be routed to the Police and Fire Department for comment. Once the Department of Public Works receives comment from the Police and Fire Department, you will be notified of any problems or will receive an approved permit from the Department of Public Works.
8. Should you have any questions regarding the application procedure, please contact Shane Bordelon, at 337-291-8531.

1. Activity: _____
Activity Date(s): _____ Total Days for Closure: _____
Start Time(s): _____ Finish Time(s): _____
Street(s) to be closed: _____
Block Number(s): _____
Map indicating location of activity is required with application.

2. Sponsoring Organization: _____
Local Address: _____
City/State/Zip: _____
Principal Place of Business: _____
Phone: _____ Day _____ Night _____ Fax _____

3. Responsible Individual, if other than above:
Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Day _____ Night _____ Fax _____

The applicant will be responsible for providing, maintaining and installing traffic control devices necessary for the street closure according to the traffic control plan provided to him by the Department of Traffic & Transportation. The applicant will indemnify and forever hold the Lafayette City-Parish Government harmless against each and every claim, demand or cause of action that may be made or come against it by reason of or in any way arising out of the closing or blocking of the right-of-way approved under this permit.

Signature: _____ Date: _____

4. Fire Department Comments: _____

Signed By: _____ Date: _____

5. Police Department Comments: _____

Signed By: _____ Date: _____

6. Approved by Public Works Department:
Signed By: _____ Date: _____

**Street Closure Permit Application
Concurrence by Affected Property Owners
On The Street Segment Being Closed**

I am aware of the: _____ (state activity)
 planned for _____ (date) and have no objection to the proposed closure
 of _____ (location):

Name	Address	Signature