



General Street Closure Application

City of Baker City
PO Box 650
Baker City, OR 97814
541-524-2047 – Public Works

This application is for all general/construction street closures. This is not an event closure application.

Applicant Information

Name: _____	Mobile Phone: _____
Group Name: _____	Work Phone: _____
Address: _____	Email: _____
_____	Date Submitted: _____

Project Information

Desired start date and time: _____	Street Closure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Desired end date and time: _____	<input type="checkbox"/> Lanes to closed:
Address or location of closure: _____	<input type="checkbox"/> All lanes both directions
_____	<input type="checkbox"/> All lanes one direction:
Other affected streets: _____	Specify direction: _____
_____	<input type="checkbox"/> Other
	<input type="checkbox"/> State Highway (Will need ODOT release form)
	Sidewalk Closure? <input type="checkbox"/> Yes <input type="checkbox"/> No

Project Details

Work to be completed/ Reason for closure:	
Check boxes that apply:	
Will entire sidewalk be blocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will area of road used for parking vehicles be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will area of road used for driving vehicles be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the entire road need to be blocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the street be passable for regular traffic?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Specific hours only: _____
Will the street be passable for emergency vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Specific hours only:

The Applicant and Group agree, if this request is granted by the City, to comply with requirements for the provision of trash receptacles, barricades, traffic control, and security officers, portable toilets, etc. The Applicant and the Group also agree to hold harmless, indemnify and defend the City, its officers, and employees from and against all claims for personal injury or property damage that arise in connection with the street/sidewalk closure requested. The applicant verifies that he/she has authority to execute this document on behalf of the group.

Signature of Applicant

Date

FOR CITY USE ONLY

Requirements	Department Review & Routing
<input type="checkbox"/> Barricades	1. Police Dept. _____ <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
<input type="checkbox"/> Trash Receptacles	2. Fire Dept. _____ <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
<input type="checkbox"/> Traffic Control	3. Public Works _____ <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
<input type="checkbox"/> Security Officers	4. Com. Develop. _____ <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
<input type="checkbox"/> ODOT Release	Comments: _____
<input type="checkbox"/> Clean Up (if clean up is not done properly, applicant may incur additional fees)	_____
	City Manager Approval:
	Signature _____ Date _____

Please return street closure permits to the Baker City Public Works Department administrative staff or via email to pwsupport@bakercity.gov. After reviewed by the applicable City Departments, copies of this application will be distributed to: Police Department, Applicant, and the Public Works Street Department.