



# Event Street Closure Application

City of Baker City  
PO Box 650  
Baker City, OR 97814  
541-524-2014 – Police Dept.  
541-524-2047 – Public Works

**\*Event applications must be submitted no less than four weeks before the event.**

### Required with your application:

1. Event street closure application submitted to the Public Works Department.
2. Security Deposit of \$250.00, upon final inspection post-event, this deposit may be refunded. Nonrefundable \$50.00 per day for the event.
3. Certificate of Liability insurance must cover the date of event. The City of Baker City must be listed as the certificate holder. Coverage must be Commercial General Liability Insurance with a combined single limit per occurrence of \$1,000,000 with an annual aggregate of \$2,000,000.
4. Organizer(s) are responsible for removing any debris or trash produced from the event.
5. Organizer(s) are responsible for the set-up of cones, barricades, and signage per the traffic plan provided by the Public Works Department.

### Applicant Information

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

### Event Information

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

### Event Details

Reason for closure:	
<b>Check boxes that apply:</b>	
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, 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 closure requested. The applicant verifies that he/she has the 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 <input type="checkbox"/> Trash Receptacles <input type="checkbox"/> Traffic Control <input type="checkbox"/> Security Officers <input type="checkbox"/> ODOT Release <input type="checkbox"/> Sound Amplification <input type="checkbox"/> Clean Up (if clean up is not done properly, applicant may incur additional fees)	1. Police Dept. _____ <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove 2. Fire Dept. _____ <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove 3. Public Works _____ <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove 4. Com. Develop. _____ <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Comments: _____ _____ City Manager Approval: _____ <div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Date</span> </div>

**DEPOSIT INFORMATION**

Customer Information	Internal Use Only
Payee Name: _____ Address to Mail Refund: _____ _____ _____ _____	Date Deposit Made: _____ Date to be Refunded: _____ Payment Type: <div style="display: flex; justify-content: space-around;"> <span>Check</span> <span>CC</span> <span>Cash</span> <span>XBP</span> </div> Charges Against Deposit: _____ _____ _____ _____
	<b>Customer Deposits G/L Acct # 101-000-1101007</b> <b>Licenses &amp; Fees G/L Acct # 101-100-4100300</b>

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