Revision Date: 8/22/16

PLEASE READ INSTRUCTIONS THOROUGHLY!

Please complete the attached Street Closing Request application and return it with the applicable fee to the City of Jamestown, 102 3rd Avenue SE, Jamestown, ND 58401:

- 1. Requests for street closing must have City Auditor's Office approval a minimum of seven (7) days prior to the scheduled date of closing. Fees for the closing must be paid seven (7) days prior to the scheduled date of closing.
- 2. Permit fees will be non-refundable if the closing is cancelled less than forty-eight (48) hours prior to the scheduled closing.

3. Application Fee:

COMMERCIAL: \$75.00 for the 1st day – \$25.00 each succeeding day

RESIDENTIAL:

- a) \$75.00-City will set up and remove barricades (\$25.00 each succeeding day)
- b) \$25.00-City delivers and picks up cones from site (Applicant provides set up)
- c) No charge-Applicant provides personal cones at site (Applicant provides set up) (Must be minimum of 28 inches in height)
- 4. The City Auditor may, at his discretion, refer the request for a street closing to the City Council for action by said body at its next regular or special council meeting or appropriate committee meeting.

Revision Date: 8/22/16

CITY OF JAMESTOWN 102 3RD AVENUE SE JAMESTOWN, NORTH DAKOTA 58401

TELEPHONE 701-252-5900 FAX 701-252-5903

APPLICATION FOR REQUESTING A STREET CLOSING

A	APPLICATION FEE	<u>4•</u>				
C	COMMERCIAL:	\$75.00 For the 1st day –	\$25.00 each succeed	ling day		
R		\$75.00 - City will set up a \$25.00 - City delivers and No charge - Applicant pa (Must be mini	d picks up cones fro	m site (Applicant providents at site (Applicant prov	es set up)	
	MUST BE	SUBMITTED A MINIMU	M OF 7 DAYS PRIC	OR TO STREET CLOSI	<u>\(\frac{1}{3} \) \(\frac{1}{3} \)</u>	

1.	. NAME OF APPL	ICANT				
2.	. MAILING ADDR	ESS:				
	CITY		STATE	ZIP CODE		
3.	BUSINESS PHONE NO		НОМЕ	HOME PHONE NO.		
4.	. STREET TO BE	CLOSED:				
5.	. DATE & HOURS	STREET IS TO BE CLOS	ED:			
6	. PURPOSE (EVEN	VT) FOR WHICH STREET	T IS TO BE CLOSE	D:		
	DATED THIS	DAY OF		, 20		
*:	******	*******	******	ΓURE OF APPLICANT ************************************	 *****	
		Date Application receive	IALL USE ONLY ed:			
		Received by:	<u></u>			
		Application Fee Receive Request Approved By:	ed:Y	esNo		
		Date:				
	Oate Police Departm River Transit Notifie	ent, Public Works Departn d:	ent, Fire Departme	nt, Jamestown Ambulanc	e, James	