



# CITY OF ROCKLIN

## APPLICATION FOR TEMPORARY RESIDENTIAL STREET CLOSURE PERMIT

Chapter 12.24 of the Rocklin Municipal Code regulates the closing of any street within the City of Rocklin for the purpose of holding a celebration such as a block party or street dance. To close any portion of a public street or alley to vehicular or pedestrian traffic, a permit must be obtained from the City Manager. The application for the permit must be filed 20 days prior to the scheduled temporary closure. The City Manager will respond to the application within seven (7) days of its receipt. An applicant for a permit to temporarily close a public roadway must agree to the following conditions:

1. All debris and trash must be removed from the streets immediately after the activity or event.
2. A petition requesting approval of the event must be presented to and signed by all residents on the street who will be affected by the street closure. ***The petition with signatures of all affected residents must be attached to the application at the time of filing.***
3. All streets shall be maintained accessible to all emergency equipment at all times. Only readily removable barricades which meet safety specifications shall be used to close the streets. A plan for barricade placement and type must be submitted for approval. Barricades may be obtained from the Public Services Department for a fee.
4. All tables, chairs, structures or other large items are restricted to the sidewalk area.
5. Sponsors shall restrict participation in any event conducted pursuant to this permit to neighborhood residents and friends.
6. There shall be no selling of food, beverages or merchandise either for profit or non-profit.
7. Any disturbance or annoyance of residents within the immediate vicinity will be cause for the Police Department to take appropriate law enforcement action.
8. This permit authorizes only the erection of barricades for the purpose of closing the street(s) indicated. This permit does not authorize any activity otherwise prohibited by law and shall not constitute any exception or excuse for violation of any law, ordinance or regulation. The Police Department may revoke this permit at any time.

9. Prior to submitting the final application, contact the Director of Administrative Services concerning insurance limits and endorsements for the event. A Certificate of Insurance with all necessary endorsements attached must be filed with the completed application showing the applicant has in full force and effect a policy or policies of insurance covering the activities for which the street closure is requested. The Certificate of Insurance must be issued by an insurer or insurers approved by the Director of Administrative Services. Said Certificate of Insurance shall include an endorsement naming the City of Rocklin, its officers, agents, employees, and volunteers as additional insureds on said policies.
  
10. The applicant(s) shall assume and reimburse the City for any and all costs and expenses determined by the City Manager to be unusual or extraordinary and related to the closing of the street for which the permit is sought, including but not limited to:
  - a. The cost of providing, erecting and moving barricades and/or signs.
  - b. The cost of providing and moving garbage or waste receptacles.
  - c. The cost of City personnel who are required by the city to work overtime hours or other than a regular shift or to perform duties as a result of such temporary street closure.

The City Manager may require, as a condition to issuance of a permit, that a sum be deposited with the City to meet such costs. The required deposit shall not exceed \$1,000.00.

I have read and will abide with the above provisions.

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*Date*

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*Signature*



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## APPLICATION FOR TEMPORARY RESIDENTIAL STREET CLOSURE

Name of street(s) to be closed: \_\_\_\_\_ and \_\_\_\_\_

Between: \_\_\_\_\_ and \_\_\_\_\_  
(Street) (Street)

Date of Closure: \_\_\_\_\_ Requested Time of Closure: \_\_\_\_\_ to \_\_\_\_\_

Type of Closure:  Complete  Partial

Explain: \_\_\_\_\_  
\_\_\_\_\_

Applicant(s): \_\_\_\_\_

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>	<i>Phone</i>
_____	_____	_____	_____	_____
<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>	<i>Phone</i>
_____	_____	_____	_____	_____
<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>	<i>Phone</i>
_____	_____	_____	_____	_____

If more space is needed to list additional applicants, attach a separate sheet of paper. If applicant is an organization, write in the organization and business address above. List the coordinator, president and any other persons who will be coordinating events or are involved in the street closure request below:

<i>Office Held (1)</i>	<i>Name</i>	<i>Residence Address</i>	<i>City</i>	<i>Zip</i>	<i>Phone</i>
_____	_____	_____	_____	_____	_____

<i>Office Held (2)</i>	<i>Name</i>	<i>Residence Address</i>	<i>City</i>	<i>Zip</i>	<i>Phone</i>
_____	_____	_____	_____	_____	_____

Purpose of Closure: \_\_\_\_\_  
\_\_\_\_\_

Estimated Number of Persons Participating in Event: \_\_\_\_\_

Parking Restrictions Requested (specify): \_\_\_\_\_

Sound Equipment to be Used:

Yes

No

If yes, describe: \_\_\_\_\_

Attachments:

- Neighborhood Petition
- Barricade Plan
- Certificate of Insurance

Approved

Denied

Approved with Conditions

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deposit Submitted \$ \_\_\_\_\_

Date: \_\_\_\_\_

**CITY OF ROCKLIN**

By: \_\_\_\_\_

Ricky A. Horst, City Manager

**FOR INTERNAL USE ONLY**

cc: Chief of Police  
 City Attorney  
 Fire Chief  
 Director of Administrative Services  
 City Engineer  
 Public Services  
 Public Transportation Authority  
 Post Office  
 Solid Waste Contractor  
 Applicant  
 Other: \_\_\_\_\_

Date Received:

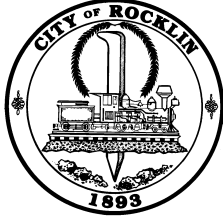
\_\_\_\_\_

Response Deadline:

\_\_\_\_\_

Fee Collected:

\_\_\_\_\_



# CITY OF ROCKLIN

## TEMPORARY RESIDENTIAL STREET CLOSURE RESIDENT PERMISSION FORM

As a resident of the City of Rocklin, I affirm that I have read the City of Rocklin's Application for Temporary Residential Street Closure Permit information and agree to all the conditions relating to street closure in my neighborhood on \_\_\_\_\_

(day)

(date)

during the hours of \_\_\_\_\_ to \_\_\_\_\_.

*(start to ending time of closure)*

RESIDENT NAME	ADDRESS	TELEPHONE