



**CITY OF CLAREMONT
STREET CLOSURE PERMIT - CONSTRUCTION**

PERMIT NO.: _____

COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
STATE LICENSE NO.: _____

LIST TWO RESPONSIBLE REPRESENTATIVES WHO MAY BE REACHED FOR EMERGENCY PURPOSES:

NAME: _____ PHONE: _____
COMPANY: _____ POSITION: _____
NAME: _____ PHONE: _____
COMPANY: _____ POSITION: _____

NAME OF STREET TO BE CLOSED:

LIMITS: _____
DATE(S): _____ HOUR(S): _____

REASON FOR CLOSURE: _____

- Traffic Control Plan with detour map included with application (REQUIRED)
- Certificate of Insurance with City of Claremont named additionally insured (REQUIRED)
- Access to emergency vehicles will be provided. If not, explain provisions: _____
- Access to residents will be maintained Notification to all residents on the street has been provided.

CONDITIONS OF APPROVAL:

It is the responsibility, and required, of the permittee to contact the following parties at least 48 hours in advance to notify them of the street closure and details:

L.A. County Fire Dept. Station #101 (909) 399-5411	United States Post Office (909) 392-4681
Schafer Ambulance Service (909) 622-1273	L.A. County Fire Dept Station #102 (909) 621-4381
Claremont Community Services (909) 399-5431	L.A. County Fire Dept Station #62 (909) 626-5096

All methods of closure shall comply with state and local regulations. All "No Parking" signs must be placed at least 72 hours in advance with an appropriate contact number.

INDEMNITY AGREEMENT

In consideration of the City of Claremont granting permission to close the street noted above, the undersigned agrees to indemnify the City its officers and employees, and hold them harmless against any and all claims, whether, but not by way of limitation, such claims demands or liabilities arise out of personal injury or death or any injury to property and whether such injury or death is caused by any negligence, errors or omissions of the undersigned or their agents or obligation to indemnify the City shall not extend to any claims, demands, or liabilities arising from the sole negligence or willful misconduct of the City or of the City's officers, agents or employees acting in the scope of such office, agency or employment.

I agree I have read this documents and will follow all Conditions of Approval:

PERMIT FEE: _____ ACCT. NO: _____

SIGNATURE: _____
COMPANY: _____
DATE: _____

CITY APPROVAL: _____
CITY ENGINEER _____ DATE _____