



# CITY OF CAÑON CITY

## City Hall

P.O. Box 1460 • 128 Main Street  
Cañon City, CO 81215-1460  
(719) 269-9011 • Fax: (719) 269-9017

### REQUEST TO USE PUBLIC RIGHT-OF-WAY OR REQUEST FOR SPECIAL EVENT ON A PUBLIC STREET Street Closure

Application/Organization (please print)

Name of Event

Contact Person

Signature of Applicant/Sponsor

Address

Daytime Phone/Fax

Email address

Today's Date

**The City will assist in providing traffic control if time and equipment are available; otherwise the permittee is responsible for acquiring and setting up traffic control in accordance with the approved traffic control plan. If the permittee desires the City's assistance, the permittee shall contact the City Street Superintendent no later than 5 working days prior to the planned event to verify the City's availability to assist. Please call 719-269-9027**

Give street name to be closed and the intersections at which the closure should start and end.

**All street closures require City Council approval. Allow 30 days minimum for Council approval.**

Date: \_\_\_\_\_ Starting Time: \_\_\_\_\_  
Ending Time: \_\_\_\_\_

Street Name (to be closed) \_\_\_\_\_

Starting at what street: \_\_\_\_\_ Ending at what street: \_\_\_\_\_

**For closure of Skyline Drive-The City will provide a sign that the Applicant will be required to post at the entry of Skyline Drive along with the specific instructions for its posting.**

**TYPE OF ORGANIZATION – Please check ONE and answer:**

Non – Profit- (registered 501-C-3 status with IRS-provide number or copy) non-profit do not need County Health Dept. Certificate

OTHER: Specify \_\_\_\_\_

Are you going to sell products? Yes  No

Is your activity a fund-raiser? Yes  No

Are you going to solicit donations? Yes  No

Are you going to sell food? Yes  No

Will there be alcoholic beverages available? Yes  No

COMMERCIAL SALES (you must provide liability insurance)

Are you going to sell products? Yes  No  (if yes, you must obtain a State Sales Tax Lic. 276-5252)

Do you plan to sell unpackaged food? Yes  No

(if yes, you must obtain a County Health Dept. Certificate at 276-7360)

**TYPE OF ACTIVITY**-explain activity including number expected to attend, equipment and vehicles to be used vendors or contractors expected to service activities, etc. Attach a separate sheet if necessary. NOTE: Skyline Drive closures will be reviewed by DOC to determine potential security impacts to their operations. Please identify and events that will result in activities or participants leaving the roadway.)

**You, the applicant or sponsor of this request are required to provide the following items at your expense. This "Request" is not valid until all requirements are provided to the City and completed:**

(City Use only)

- Provide a minimum \$1,000,000 liability insurance naming the City of Cañon City as certificate holder and an additional insured and deliver same to City of Cañon City.
- State Sales Tax ID number** \_\_\_\_\_
- Provide \_\_\_\_\_ each \_\_\_\_\_ yard trash dumpster(s) and you must provide trash and litter clean up and placement in dumpster(s) removed at the end of the event.
- Provide \_\_\_\_\_ each \_\_\_\_\_ portable toilets and have them removed at the end of the event.
- Install Traffic Control Devices ("TCD") as required by the City of Cañon City to close street(s) for your event. The City does not provide any TCD. Provide a Traffic Control Plan ("TCP") diagram on a separate attached sheet indicating placement of signs or barricades.
- Alcohol beverages please call the City Clerk at 269-9011 for more information.

Provide signatures (petition) of adjacent property owners affirming consent to have a street closed for your event or activity.

The City of Cañon City shall provide the following:

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**APPROVAL BY CITY OF CAÑON**

Street Supervisor \_\_\_\_\_

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

Police: \_\_\_\_\_

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

Fire Dept. \_\_\_\_\_

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

Public Works Dir.: \_\_\_\_\_

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

Sales Tax Dept.: \_\_\_\_\_

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

City Clerk: \_\_\_\_\_

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

City Administrator: \_\_\_\_\_

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

## **PETITION FOR STREET CLOSURE PERMIT**

I, the undersigned, do hereby support the application submitted by:

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I further state that I am a property owner or tenant of subject location

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Signature	Printed Name/Owner or Tenant	Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

# TYPICAL TCP #6 MAIN ST ONLY CLOSURE

ALL SIGNS & PLACEMENT IN ACCORDANCE WITH THE MUTCD  
NO OVERNIGHT CLOSURES

