



# CITY OF SAN ANTONIO

P.O. BOX 839966  
SAN ANTONIO, TEXAS 78283 - 3966  
Right-of-Way Management Division  
Department of Transportation & Capital Improvements

## PROCEDURE FOR APPLYING FOR A TEMPORARY STREET CLOSURE PERMIT

1. Ordinance 2009-09-171-0713L established the fee of **\$100.00** per block per calendar day for temporary street closures.
2. All requests should be submitted in writing to Right-of-Way Management personnel **30** days before the event.
3. Applicant must submit a completed, dated and signed application to the Public Service Associate for the Right-of-Way Management Office (ROW) of the Department of TCI.
4. The Public Service Associate will route the request to the San Antonio Fire Department and the San Antonio Police Department. ROW personnel will also evaluate the feasibility of the temporary closure, and the subsequent impact on traffic.
5. Upon receipt of approvals from the Fire and Police Departments, and confirmation of the feasibility.
6. In the event that a request be submitted for an arterial thoroughfare or a dispute has risen, City Council or Office of City Manager will be providing the final approval or denial.
7. Upon receipt of approval from the Office of the City Manager, the applicant will be contacted by ROW personnel who will provide requestor an invoice for payment through a DSD cashier.

## INFORMATION REQUIRED FOR ALL TEMPORARY STREET CLOSURES

1. Purpose of temporary street closure.
2. Name of street to be closed plus the names of intersecting streets.
3. Dates and times of beginning and ending of closure; applicants should ensure that they have adequate time for set-up and removal of any traffic obstructions within the closure.
4. The **City Council District** in which the street closure is scheduled to occur.
5. Determine if any other permits will be required for specified activity within the City's right-of-way, for example vending permits.
6. Acknowledgement in writing from all residents and businesses whose property or driveways front the street being closed, regardless of whether or not they are participating in the event.
7. A person's name, address, and telephone number as a contact for future information.
8. Name of the Barricade Company that will provide and setup barricades for the event (a number of local, certified, barricade companies are listed in the telephone directory).
9. The **City** may require a detailed site plan or traffic control plan.

**SEND ALL REQUESTS TO:**

**Right-of-Way Management Office**  
ROW Personnel DSD Counter 18  
P.O. Box 839966  
San Antonio, TX 78283-3966

**TEMPORARY STREET CLOSURE AGREEMENT FORM  
SAN ANTONIO POLICE DEPARTMENT**

Please complete items 1-20 and forward this form to:

**RIGHT-OF-WAY MANAGEMENT**  
ATTN: ROW Personnel Counter 18  
1901 S. Alamo, San Antonio, TX 78204  
Office: (210) 207-5749 Fax: (210) 207-6955  
e-mail: [maria.hernandez@sanantonio.gov](mailto:maria.hernandez@sanantonio.gov)  
[kathy.mendoza@sanantonio.gov](mailto:kathy.mendoza@sanantonio.gov)  
[adrianna.rubio@sanantonio.gov](mailto:adrianna.rubio@sanantonio.gov)  
[elisa.garcia@sanantonio.gov](mailto:elisa.garcia@sanantonio.gov)

1. Street to be closed: \_\_\_\_\_
2. Closed from (intersecting street name): \_\_\_\_\_  
to (intersecting street name): \_\_\_\_\_
3. Date to be closed: \_\_\_\_\_
4. Time to be closed: \_\_\_\_\_
5. Time to be re-opened: \_\_\_\_\_
6. Purpose of Closure: \_\_\_\_\_
7. Estimated number of people: \_\_\_\_\_
8. What will be happening in the closed area? \_\_\_\_\_
9. Will vehicles be allowed inside closure? \_\_\_\_\_
10. Applicant's name: \_\_\_\_\_
11. Applicant's address: \_\_\_\_\_
12. Applicant's telephone number: \_\_\_\_\_
13. Certified Barricade Company used for closure: \_\_\_\_\_
14. Contact person with certified barricade company: \_\_\_\_\_
15. Has a detailed traffic control plan been submitted and approved by TCI? \_\_\_\_ **YES** or \_\_\_\_ **NO**
16. Are off-duty Police Officers being hired for traffic control? \_\_\_\_ **YES** or \_\_\_\_ **NO**
17. Off-duty Police Officers' name: \_\_\_\_\_
18. Off-duty Police Officers' phone number: \_\_\_\_\_
19. Off-duty Police Officers' Department name: \_\_\_\_\_
20. Locations around street closure that officers will be placed: \_\_\_\_\_

\_\_\_\_\_

I certify that the information provided above is true and correct to the best of my knowledge.

**(Applicant Signature)** \_\_\_\_\_ **(Date)** \_\_\_\_\_



**(The following will be completed by San Antonio Police Department- Traffic Section)**

1. Based on the information provided above the applicant **DOES / DOES NOT** need to have Off-duty Police officers assigned to assist traffic around the street closure.
2. Officers will need to be placed at the following locations: \_\_\_\_\_
3. The San Antonio Police Department **DOES / DOES NOT** recommend approval of your street closure application.
4. Reason for denial (if applicable): \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Title:** \_\_\_\_\_



Based on the information currently available, the ROW Management Office **DOES / DOES NOT** recommend this closure to the Office of the City Manager.

**\*\*\*A MAP MUST BE INCLUDED IN ORDER FOR APPLICATION TO BE PROCESSED. SAFD REQUIRES A 20' WIDE EMERGENCY ACCESS WITHIN THE CLOSURE AND THIS MUST BE INDICATED ON MAP IN DETAIL.\*\*\***

## TEMPORARY STREET CLOSURE AGREEMENT FORM SAN ANTONIO FIRE DEPARTMENT

Please provide the San Antonio Fire Department with the following information:

1. Street to be closed: \_\_\_\_\_
2. Closed from (intersecting street name): \_\_\_\_\_  
to (intersecting street name): \_\_\_\_\_
3. City Council District #: \_\_\_\_\_
4. Date(s) of Closure: \_\_\_\_\_
5. Beginning Time of Closure: \_\_\_\_\_
6. Ending Time of Closure: \_\_\_\_\_
7. Responsible party's information:  
  
Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Please prepare a site plan and contact Fire Prevention at (210) 207-8410 to schedule an inspection of proposed site closure.**

**(The following will be completed by San Antonio Fire Department)**

1. We have reviewed the site plan showing any and all obstructions on the road way, and this site plan **DOES / DOES NOT** provide for a 20' wide fire lane for emergency vehicle access.
2. The San Antonio Police Department **DOES / DOES NOT** recommend approval of your street closure application.
3. Reason for denial (if applicable): \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Title:** \_\_\_\_\_

CONTACT: Fire Marshall's Office  
San Antonio Fire Department  
115 Auditorium Circle, San Antonio, TX 78205  
Office: (210) 207-8410 Fax: (210) 207-7949  
Capt. Rodriguez

Based on the information currently available, the ROW Management office **DOES / DOES NOT** recommend this closure to the Office of the City Manager.

**TEMPORARY STREET CLOSURE  
ACKNOWLEDGEMENT FORM**

We, the undersigned, **APPROVE** or **DISAPPROVE** the temporary street closure of

(Street name): \_\_\_\_\_

from (street name) \_\_\_\_\_ to (street name) \_\_\_\_\_

Proposed date(s) and time(s) of Closure: \_\_\_\_\_

- This street closure is requested by: \_\_\_\_\_
- Located in City Council District # \_\_\_\_\_.
- We understand that during the time of closure we will be denied vehicular access to our property.
- Acknowledgment in writing from all persons whose property fronts the proposed street closure or whose driveway(s) fronts the street being closed, regardless of whether or not they are participating in the event.

**DO NOT SIGN BELOW IF TOP PORTION HAS NOT BEEN FILLED OUT**

<b>SIGNATURE</b>	<b>ADDRESS</b>	<b>APPROVAL/DISAPPROVAL</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		