



CITY OF SAN ANTONIO

P.O. BOX 839966
SAN ANTONIO, TEXAS 78283 - 3966
Right-of-Way Management Division
Public Works Department

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 Division **30** days before the event.
3. Applicant must submit a completed, dated and signed application to the CBD Coordinator for the Right-of-Way Division (ROW) of the Department of Public Works.
4. The CBD Coordinator will route the request to the San Antonio Fire Department and the San Antonio Police Department. ROW staff 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, ROW staff will recommend approval of a permit to the Office of the City Manager.
6. Upon receipt of approval from the Office of the City Manager, the applicant will be contacted by the CBD Coordinator for payment.

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 Division
RIGHT-OF-WAY MANAGEMENT
ATTN: CBD COORDINATOR
5103 Old Highway 90W
San Antonio, Texas 78227

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

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

**RIGHT-OF-WAY MANAGEMENT
ATTN: CBD COORDINATOR
5103 Old Highway 90W
San Antonio, Texas 78227
Office: (210) 207-7755 Fax: (210) 207-6956
Cell: (210) 240-8253
e-mail: john.rodriguez@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 Public Works? 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 Division **DOES / DOES NOT** recommend this closure to the Office of the City Manager.

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

Please complete items 1-7 and forward this form to:

**RIGHT-OF-WAY MANAGEMENT
ATTN: CBD COORDINATOR
5103 Old Highway 90W
San Antonio, Texas 78227
Office: (210) 207-7755 Fax: (210) 207-6956**

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 Fire Department **DOES / DOES NOT** recommend approval of this 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 Division **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

SIGNATURE	ADDRESS	APPROVAL/DISAPPROVAL
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STREET CLOSURE

CITY OF SAN ANTONIO
STREET CLOSURE AGREEMENT

WHEREAS, Applicant (undersigned) has requested the temporary closure of certain streets to vehicular traffic in order to hold a special event, to wit: _____ (street name)

WHEREAS, the City of San Antonio requires the execution of this agreement establishing the legal obligations of the person or organization requesting said street closure before reviewing said request;

NOW THEREFORE: The undersigned, by requesting this special use of a public right-of-way agrees to the following terms and conditions:

TERMS

1. The user organizations will provide signs, barriers, and off duty police personnel as may be required by the Police Department or the Public Works Department for the requested closure, to protect participants in the activities, or rerouted traffic.
2. Pay all fees and license charges, and be responsible for clean up afterwards.
3. Assume all risk inherent in this undertaking, and to identify and hold harmless the City of San Antonio from any and all cost, liability, or damage arising from or growing out of the requested usage.
4. A 20-foot wide unobstructed lane must be maintained through the entire length of the right-of-way closure for emergency vehicle access.
5. If the requesting party elects to set up and maintain traffic control devices (including barricades), they must comply with the training requirements of section 6A-6 of the *Texas Manual on Uniform Traffic Control Devices*.

AUTHORITY

The undersigned hereby represents and warrants that he or she has full authority to execute this agreement on behalf of the requesting party.

ACCEPTED AND AGREED TO THIS _____ day of _____, 2012.

Applicant
(Requesting Party)

BY: _____

TITLE: _____