

FORM A

Event Name: _____
Event Date: _____
Location: _____
Total Attendance: _____

STREET CLOSURE & TRAFFIC CONTROL

Event organizers are responsible for creating a traffic control plan, placement of traffic control devices, and event personnel to help with traffic control the day of the event. This may need to be accomplished through contracting a professional traffic control company at the discretion of the Town. Staff will evaluate the proposed traffic control plan and may require adjustments be made to it at any point.

TRAFFIC CONTROL PLAN (TCP)

Attach a copy of your traffic control plan to this application. The traffic control plan shall:

- ✓ Identify the entire event venue including the names of all streets or areas to be closed and time tables for set up and closures.
- ✓ Identify time table for placement of "No Parking" Signs.
- ✓ Indicate the route and direction of travel proposed for the event.
- ✓ Identify the location and type of all temporary traffic control devices and personnel.
- ✓ Allow twenty foot (20') emergency access lanes throughout the event venue.
- ✓ Allow periodic resident access if in a residential area.

STREET/RIGHT-OF-WAY CLOSURE INFORMATION

1. Event Name: _____
2. Event Location: _____
3. Event Date: _____
4. Event Time/Duration: _____
5. Day of Event Point of Contact & Phone Number:

For Reoccurring Events:

- ✓ **Is the TCP the same as last year?**
 Yes No
(if no, provide updates/changes)
- ✓ **Are there any changes to the previously approved TCP?**
 Yes No
(if no, provide updates/changes)

6. If a Parade, indicate the number of entries by type:

Vehicle: _____ On Foot: _____
Animals: _____ Other: _____

7. Indicate where event participants will assemble (if applicable), and where the event starts and ends:

Assembly Point: _____ Assembly Start Time: _____
Event Start Point: _____ Event End Point: _____

8. Provide event / route description: (attach a map with detailed route)

9. List all streets that will be closed and time table for street closure (i.e. barricade and traffic control devices), set up and breakdown for each street – See back of this page.

10. Provide time table summary for placement and removal of "no parking" signs for each street. No Parking signs must be placed at least 48 hours before the start of street closure – See back of this page.

11. Name of Equipment/Traffic Control Provider:

Company: _____
Traffic Control Supervisor: _____ Phone #: _____
Address: _____ City/State/Zip: _____

