

Town of Friday Harbor

PO Box 219 / Friday Harbor / WA / 98250

(360) 378-2810 / fax (360) 378-5339 / www.fridayharbor.org

Street Closure Application

Application date:	Tax parcel number:	Permit # <hr/>
		Office Use Only
Applicant / Franchise Holder:		Property owner phone number:
Mailing address: 		
Name of Contractor:		WA State Contractor's Registration #:
Location / description of project (must include street address): 		
Date of Closure:	Time(s) of Closure:	
Reason for Closure: 		
Procedure		
1. Applicant shall submit a drawing indicating the streets to be closed. Said drawing shall indicate the placement of type of traffic control signs to be installed.		
2. Signing, barricades, and traffic control in the vicinity of the work shall conform to provisions of the "Manual on Uniform Traffic Control Devices for Streets and Highways" and the "Manual for Emergency Traffic Control for Protection of Men & Equipment".		
3. The applicant shall pay to the Town all costs of, and expenses incurred in the examination, inspection, and supervision of such work on account of the granting of said permits.		
Applicant to attach copy of insurance naming Town as "Additional Insured".		
I, the undersigned have read, understand, and agree to follow all instructions, procedures, and conditions stated herein.		
Signature of Applicant: _____		

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Street Closure Checklist

It will be the applicant's responsibility to notify all impacted parties 24 hours prior to any street closure. The following agencies will be notified as a minimum:

Town of Friday Harbor Public Works
 San Juan County Sheriff's Office
 San Juan Island School District #149
 United States Post Office

San Juan Island Fire District #3
 San Juan County Public Works

I CERTIFY THAT I WILL CONTACT THE ENTITIES LISTED ABOVE:

Signature of Applicant: _____

Date:

Town of Friday Harbor Use Only

Applicant is permitted for street closure of the Town right of way as specified herein.

Approved by: _____
 Town Administrator

Date:

Indemnity Agreement completed by Applicant	Attached	Not Needed
Utilities Superintendent notified	Date	Initials
Street Department notified	Date	Initials
Town Marshal notified	Date	Initials
SJC Fire District #3 notified	Date	Initials
Sheriff Department notified	Date	Initials
Ferry Terminal Agent notified	Date	Initials

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INDEMNIFICATION AGREEMENT

I, _____ as an authorized representative of _____ (Company) specifically and expressly agree to defend, indemnify, and hold harmless the TOWN OF FRIDAY HARBOR and all its officers, officials, employees, and agents from and against any claim, damage, liability, cost, penalties, attorney fees, etc. of whatsoever kind on account of death or injury of any or all persons involved and/or on account of all property damage of any kind whether tangible, intangible, or loss of use resulting therefrom, to any party arising from or in any matter connected with the use and/or work authorized by this permit taking place on publicly owned property, except damages arising from negligent acts for which the TOWN OF FRIDAY HARBOR is solely responsible.

Signature

Date

Name of Organization

Accepted by:

Town of Friday Harbor

Date