

City of St. Helens

P.O. Box 278 ♦ 265 Strand Street ♦ St. Helens, Oregon 97051 ♦ (503)397-6272

PETITION FOR TEMPORARY CLOSURE OF CITY STREET(S)

Procedures

1. Contact the Administrative Offices at City Hall to discuss your request.
2. Complete the attached petition form.
3. Attach a map showing the area where the street/s will be closed.
4. You, as the petitioner, need to contact all of the property owners, business owners and tenants that will be affected by the street closure. You must provide a list of all persons contacted and whether or not they concur with the street closure. Written consents must be attached to the petition.
5. You also need to obtain the written approval of emergency services (police and fire) prior to submitting your application.
6. Proof of insurance may be required, naming the City of St. Helens as an additional insured. Liability coverage shall be at a minimum of \$1,000,000.
7. Only the City Council can approve the closure of streets. The Council meets on the first and third Wednesdays of each month. Please submit your request to the City Administrator 30 days in advance.

NO FEE.

PETITION FOR TEMPORARY CLOSURE OF CITY STREET(S)

You must attach a map of street area to be closed.

I/we, the undersigned, request that the St. Helens City Council allow temporary closure of the following streets.

Street Closure #1			
Street Name			
Beginning Point		Ending Point	
Start Date		End Date	
Time to Begin Closure		Time to Reopen	
Purpose of Closure			
Street Closure #2			
Street Name			
Beginning Point		Ending Point	
Start Date		End Date	
Time to Begin Closure		Time to Reopen	
Purpose of Closure			
Street Closure #3			
Street Name			
Beginning Point		Ending Point	
Start Date		End Date	
Time to Begin Closure		Time to Reopen	
Purpose of Closure			

Approval of emergency responders: (required)

X _____	X _____	X _____
Fire District Approval Date	Police Department Date	Public Works Dept Date
270 Columbia Blvd./503.397.2990	150 S. 13 th Street/503.397.3333	984 Oregon St./503.397.3532

DECLARATION

I/we understand that any barricades or other devices to close off the street must be provided at my (our) expense or may be provided by the City at my/our expense for specific times and dates. I/we also understand that arrangements for placement of barricades/devices must be made with the Public Works Department (503.397.3532). I/we certify that I/we have notified all affected property owners, business owners and/or tenants in person or in writing of my/our intent to close the street/s listed above and that written consents of each are attached. It is my/our belief that there are no major conflicts with this closure.

Petitioner Signature _____ **Date Signed** _____

Print Name _____ Phone _____

Mailing Address _____ City, State, Zip _____

Petitioner Signature _____ **Date Signed** _____

Print Name _____ Phone _____

Mailing Address _____ City, State, Zip _____

FOR OFFICIAL USE ONLY

Date Rec'd _____ Rec'd by _____ Date sent to CC _____ City Council Approved Denied Meeting date _____

Attested _____, City Administrator Date _____

CITY STREET CLOSURE CONSENT FORM

Applicant must take this form to each affected business for consent signatures.

Applicant _____

Name of Event _____

Date(s) of Event _____

Street(s) to be closed for event _____

The following affected businesses/individuals have been contacted and informed of the event listed above and have marked whether they consent or not to the closure of the street(s) listed above on the date(s) listed above:

Business name _____ <input type="checkbox"/> I/We consent to street closure <input type="checkbox"/> I/We DO NOT consent to street closure Signature _____ Printed name _____ Date signed _____	Business name _____ <input type="checkbox"/> I/We consent to street closure <input type="checkbox"/> I/We DO NOT consent to street closure Signature _____ Printed name _____ Date signed _____
Business name _____ <input type="checkbox"/> I/We consent to street closure <input type="checkbox"/> I/We DO NOT consent to street closure Signature _____ Printed name _____ Date signed _____	Business name _____ <input type="checkbox"/> I/We consent to street closure <input type="checkbox"/> I/We DO NOT consent to street closure Signature _____ Printed name _____ Date signed _____
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**Return this to City Hall with your
Petition for Temporary Closure of City Street(s)**