



**SPECIAL EVENT APPLICATION**

Temporary street or lane closures will require the applicant to obtain a road closure permit from the Community Development Department. (PFMC 10.28.040)

Application for Road/Lane Closure must be received by the Community Development a minimum of fourteen (14) days prior to the event. A Parade request must be received thirty five (35) days prior to event (\$100 fee).

Attachments required:

1. A drawing showing the portion of street to be closed as well as cross streets.
2. Parades or events requiring a street closure shall submit and obtain approval of the street closure signage and control plan.
3. Statements from all residents/business owners on the subject street indicating no objection to street closure.
4. Certificate of Liability insurance naming the City as an additional insured

**NOTE: It is the event sponsor/organizer’s responsibility to obtain necessary barricades, signs and/or cones for the event.**

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EVENT INFORMATION:**

Description of Event: \_\_\_\_\_  
 Event Date(s) \_\_\_\_\_ Day(s) of week: \_\_\_\_\_  
 Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Approx. Number of Participants: \_\_\_\_\_  
 Location of Closure (Attach Map): \_\_\_\_\_

**EVENT SPONSOR/ORGANIZATION:**

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Phone: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

**Acknowledgement of Responsibility by Applicant/ Sponsor**

I recognize that applicants for a special events permit bear full responsibility for the orderly conduct of the special event permitted hereby and that the City of Post Falls provides no guarantee of safety or success. I hereby certify that as sponsor of the event I (we) will endeavor to assure that all participants will comply with the laws, regulations, and the event requirements established by the City of Post Falls regarding such event. Furthermore, I hereby indemnify and hold the City of Post Falls harmless from any and all claims associated with this event.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**City Staff Departmental Review**

Originating Department: Community Development

Distribution Date: \_\_\_\_\_

Fee required: \_\_\_\_ Yes \_\_\_\_ No

Reviewed By (Initial):

\_\_\_\_\_ City Administrator      \_\_\_\_\_ Police Department      \_\_\_\_\_ Street Department

\_\_\_\_\_ Parks Department      \_\_\_\_\_ Community Development Department

\_\_\_\_\_ Permit approved as requested

\_\_\_\_\_ Permit conditionally approved (conditions attached)

\_\_\_\_\_ Permit denied

By \_\_\_\_\_ Date: \_\_\_\_\_  
Community Development Director

\_\_\_\_\_ Permit approved as requested

\_\_\_\_\_ Permit conditionally approved (conditions attached)

\_\_\_\_\_ Permit denied

By \_\_\_\_\_ Date: \_\_\_\_\_  
Mayor

Copies to: Fire District  
Highway District  
Sheriff Department  
Street Department  
Police Department  
Applicant