



Temporary Street Closing Permit

Date and Time of Event _____

Purpose of Event _____

Location _____

Number of Participants _____

Duration _____

Person in Charge of Event _____

Contact # for person in charge _____

Email Address for Contact Person: _____

Special Safety Arrangements Needed _____

IN MAKING THIS APPLICATION I CERTIFY THE FOLLOWING:

1. I am in charge of said event and will accompany same.
2. I have reviewed proposed street closing with Fire Chief, Emergency Medical Services Director, and Police Chief and gained approval from each of them as evidenced by their initials here:

Fire Chief _____

Police Chief _____

Emergency Management Director _____

3. Comments from Fire, Chief, Police and Emergency Management Director:

4. I understand I am responsible for collecting safety cones from Public Works prior to event, setting up the cones, and returning to Public Works. I will be responsible for reimbursing Town, if cones are not returned in good order.

5. The applicant agrees to protect, defend, indemnify and hold the Town of Edenton and Chowan County And its officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of this agreement and/or the performance hereof The Applicant further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc., at his sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.)is groundless, false or fraudulent.

Signature of Applicant

Permission is hereby granted for the _____ hereinabove requested, provided the participants violate no ordinance of the Town of Edenton or laws of the United States of America, or the state of North Carolina during same.

Approved by

Date