TREDYFFRIN TOWNSHIP

STREET CLOSURE PERMIT
APPLICATION AND PROCEDURE

For Purposes Other than Construction-Related Activities

1. Please complete Items 1-3 on Page 1 of the attached Street Closure Permit Application, sign, and date the form. (REQUIRED)

2. Have Page 4 of the Street Closure Permit Application signed by an adult representative for each residence affected on the block of the street closure in order to process the application. (REQUIRED)

3. Return Pages 2 and 4 of the completed Street Closure Permit Application to the Tredyffrin Township Public Works Department at 1100 Duportail Road, Berwyn, PA 19312. The application must be submitted at least 14 days prior to your event to allow for further processing.

4. A staff member or police officer will then contact you regarding questions related to your event.

5. The Public Works Department and Police Department will review your request and provide you with a traffic control plan specific to your event. This service is provided at no cost to you.

6. The applicant will be responsible for acquiring, installing and maintaining the signs, barricades and traffic control devices specified in the traffic control plan. (Arrangements can be made for the Public Works Department to drop off barricades prior to the event.)

7. The “Street Closure Permit Application” will be routed to the Police and Fire Department for comment. Once the Public Works Department receives comment from the Police and Fire Department, you will be notified of any problems or will receive an approved permit from the Department of Traffic and Transportation.

8. Should you have any questions regarding the application procedure, please contact Public Works at 610-644-1400.

- Emergency vehicles will be allowed passage at all times
- No complete closure to through traffic during business days
- Roadway(s) will immediately be opened at conclusion of event
- Roadways(s) will not be closed in excess of 6 hours per day
- Roadways(s) will not be closed during times of darkness
Tredyffrin Township
Street Closure Permit Application

1. Activity:

Activity Date(s): ________________________ Total Days for Closure: _____________

Start Time(s): ______________ Finish Time(s):_______________

Street(s) to be closed: _____________________________________________________

Block Number(s): ________________________________________________________

Map indicating location of activity is required with application.

2. Sponsoring Organization: _______________________________________________

Local Address: ___________________________________________________________

City/State/Zip:____________________________________________________________

Phone: Main ______________ Cell _______________ E-mail/fax__________________

3. Responsible Individual (Applicant): (Adults only - 21 years of age or greater)

Name: __________________________________________________________________

Address: ________________________________________________________________

City/State/Zip:____________________________________________________________

Phone: Main ____________ Cell _____________ E-mail/fax_____________________

The applicant will be responsible for providing, maintaining and installing traffic control devices necessary for the street closure according to the traffic control plan provided by the Department of Public Works. The applicant will indemnify and forever hold the Township of Tredyffrin and/or any of its representatives or agents harmless against each and every claim, demand or cause of action by any person or entity (including the applicant) that may be made or come against the Township of Tredyffrin and/or any of its representatives or agents by reason of or in any way arriving out of the closing or blocking of the right-of-way approved under this permit or activities in any way related thereto. There is no implied or expressed assurance that the blocking and or closure of roadways will enhance or increase the safety of the roadway. **Pedestrians should use the same degree of caution when entering or crossing the roadway as if the roadway was not blocked or closed.**

_________________________________ Date: _______________

Applicant Signature
Tredyffrin Township
Street Closure Permit Application

OFFICIAL USE:

4. Fire Department Comments: __________________________________________

Signed by: __________________________ Date: __________________________

5. Police Department Comments: _______________________________________

Signed by: __________________________ Date: __________________________

6. Approved by Tredyffrin Township Public Works Department:

Signed by: __________________________ Date: __________________________
**Tredyffrin Township**  
**Street Closure Permit Application**

Concurrence by Affected Property Owners on the Street Segment Being Closed (REQUIRED FOR APPROVAL)

I am aware of the _________________________________ (state activity) planned for _________________________________ (date/time) and have no objection to the proposed closure at _________________________________ (location).

[signature must be by an adult representative who lives at the residence]

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