

City of Valley City, North Dakota Application to Block off Street: Parade or Event

This application must be submitted at least seven days prior to event and will be reviewed and approved by the City Auditor's Office.

Date: _____

Name of Applicant/Organization: _____

Name of Event: _____

Date & Time of Event: _____ Estimated Number of Participants: _____

Set Up Time: _____ Cleanup Time: _____

Street Location (*List streets to be blocked off from intersection to intersection and include a map*):

_____ to _____

Contact Person: _____

Contact Number: _____ Email: _____

INDEMNIFICATION AGREEMENT

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY COSTS INCURRED AS A RESULT OF ANY DAMAGE TO THE PROPERTY.

I AGREE TO INDEMNIFY, SAVE, AND HOLD HARMLESS THE CITY OF VALLEY CITY, ITS AGENCIES, OFFICERS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OF ANY NATURE, INCLUDING COSTS, EXPENSES, AND ATTORNEYS' FEES, WHICH MAY IN ANY MANNER RESULT FROM OR ARISE OUT OF THIS AGREEMENT.

I ALSO AGREE TO INDEMNIFY, SAVE, AND HOLD THE CITY OF VALLEY CITY HARMLESS FROM ALL COSTS, EXPENSES, AND ATTORNEYS' FEES INCURRED IN ESTABLISHING AND LITIGATING THE INDEMNIFICATION COVERAGE PROVIDED HEREIN.

I HAVE READ AND AGREE TO THESE CONDITIONS

SIGNATURE: _____ DATE: _____

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Email: jhintz@valleycity.us

For City Use:

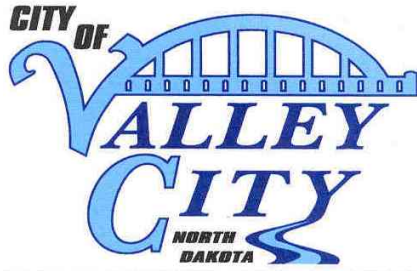
Map Attached: _____ (Map of entire parade route/event area must be attached)

Police Department Approval: _____ **Date:** _____

Street Department Approval: _____ **Date:** _____

Notified NDDOT: _____ (if request includes Main Street)

Notified City Commission and City Administrator: _____ **Date:** _____



Public Works

Phone: 701-845-0380
www.valleycity.us
Hours: M-F, 8am - 5pm

Event Equipment Request

Organization: _____

Main Contact Name: _____

Cell #: _____

In case of emergency and main contact not available

2nd Contact name: _____

Cell #: _____

Street Department

Barricades

TYPE	# of each
T1 (Short)	_____
T3 (3 panels) Cement	_____

Sandbags: # _____

*On the map, please mark where you would like each barricade and sandbags dropped off.

Electric Department

Total number of temporary hookups needed: # _____

Hook Ups

TYPE:	# of each
20 amp (120 outlet)	_____
50 amp (220 plugin)	_____

*On the map, please mark where you would like each hookup located.

Water Department

Will water be needed? (Circle one) Yes No

Explanation of use:

Beginning read: _____ End read: _____

*On the map, please mark where you would like water located

Sanitation Department

Dumpsters

TYPE	# of each
2 Yard	_____
4 Yard	_____
6 Yard	_____

*On the map, please mark where you would like your dumpster(s) placed.

Additional Needs:

The applicant is responsible for returning city streets, alleys, sidewalks, or grounds to their pre-event condition.

*You should attach your own map if the attached maps do not cover your area. Please include all equipment needs and locations.

BARRICADES



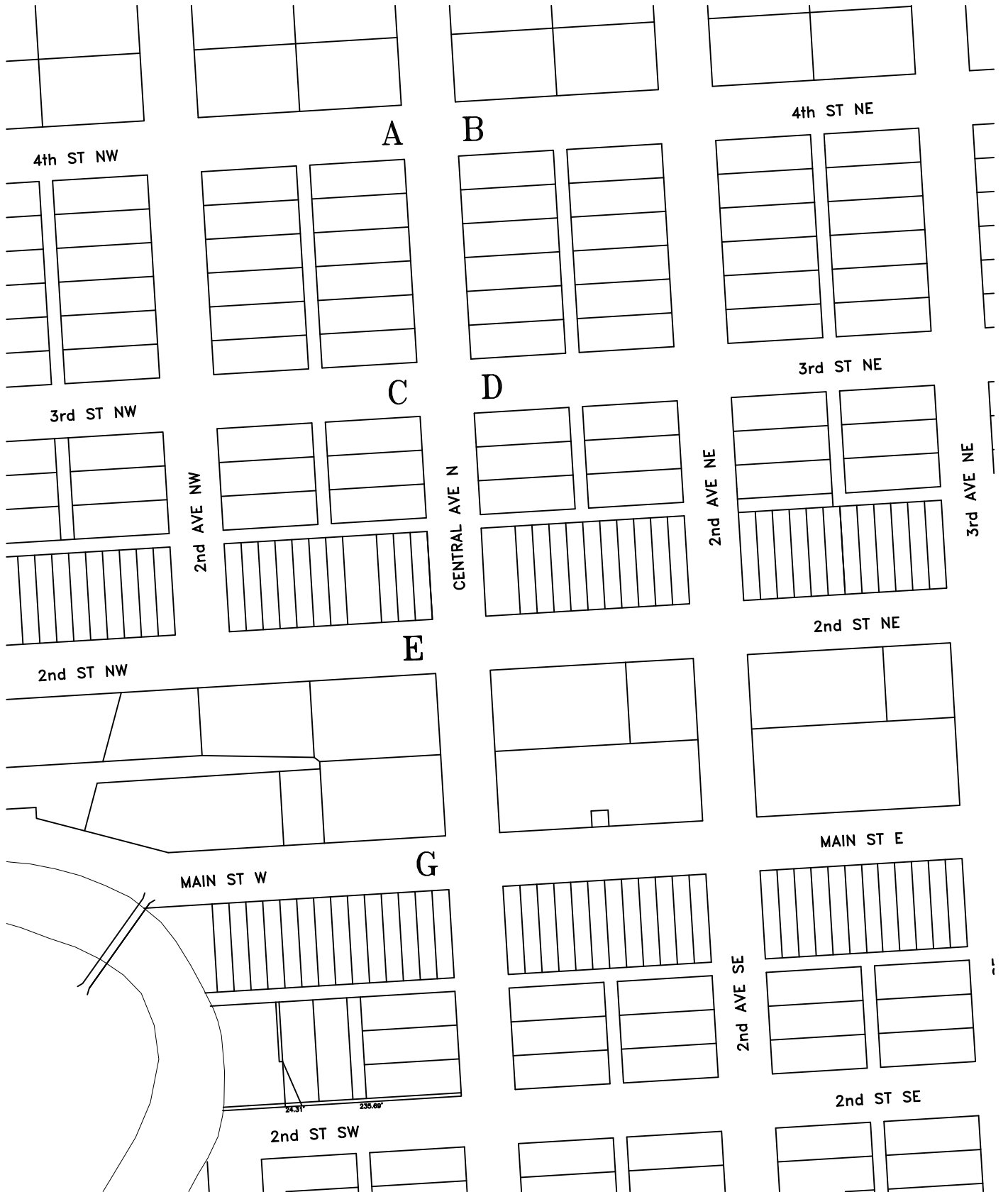
Of Barricades at Each Location:

Type I

Type III

A: B: C: D: E: F: G: H: I: J:

ELECTRICAL



and type of hookups at each location:

A=

B=

C=

D=

E=

G=

WATER



Mark Where You Want Water Located:

A= B= C= D= E= F= G= H= I= J=

DUMPSTERS



Mark What Size Dumpster and the Location:

Available Sizes:
2 Lid, 4Lid or 6Lid

A: B: C: D: E: F: G: H: I: J: