

City of San Marcos

Request for Street Closure

(Request must be submitted with all appropriate supporting evidence as described below.)

One or more lanes of traffic will be closed for less than 12 hours*:

- A traffic control plan is required. A simple hand drawn traffic control plan will be accepted. All traffic control devices such as signage, barriers, flaggers, etc. must be clearly marked and shown on the plan.
- A complete road closure and detour are allowed with this option.

One or more lanes of traffic will be closed for more than 12 hours or between sunset and sunrise*:

- A traffic control plan sealed by a Professional Engineer will be required.
- A complete road closure and detour are allowed with this option.
- This does not apply to events that are at nighttime.

Request Type: Escort Construction Event

Applicant Information
Applicant Name: _____
Address: _____
Telephone #: _____
Email Address: _____
<p>If this request is granted by the City, the Applicant agrees to comply with requirements for the provision of trash receptacles, barricades, traffic control and security officers, portable toilets, or other supplies as applicable. The Applicant also agree to hold harmless, indemnify and defend the City, its officers and employees from and against all claims for personal injury or property damage that arise in connection with the street closure requested. The Applicant verifies that he/she has authority to execute this document on behalf of the project. If your request is denied you may appeal the decision to the City Manager.</p>
<p>Please sign below stating that you have read and agree to all terms and conditions listed above.</p>
Signature: _____
Date: _____

Street Closure Information
Street Name: _____
Specific Address or Block #: _____
Number of Lanes to be closed: <ul style="list-style-type: none"> <input type="checkbox"/> All lanes in both directions <input type="checkbox"/> All lanes in one direction <input type="checkbox"/> One lane, Specify direction: _____ <input type="checkbox"/> Other: _____
Amount of time for closure: <p>From Date: _____ Time: _____</p> <p>To Date: _____ Time: _____</p>
Will the street be passable for regular traffic? <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Specific Hours Only: _____</p>
Will the street be passable for emergency vehicles? <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Specific Hours Only: _____</p>
Reason for closure: _____

FOR CITY USE ONLY
The applicant is required to provide the following: <ul style="list-style-type: none"> <input type="checkbox"/> Barricades/Traffic control Devices <input type="checkbox"/> Portable Toilets <input type="checkbox"/> Trash Receptacles <input type="checkbox"/> Traffic Control Officers <input type="checkbox"/> Traffic Control Will Follow Attached Plans <input type="checkbox"/> Other _____

REVIEW		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Authorizing Signature CIP Project Manager	_____ Date

CIP Project - No Fee For Street Closure

***For all TXDOT road closures please call 512-353-1064**