

CITY OF ESTEVAN

PERMIT APPLICATION FOR STREET CLOSURE

To be filled out by applicant:

A. Name _____

Address _____

Phone Numbers: Primary Ph# _____ Secondary Ph# _____

Cell Ph# _____ email _____

B. Street Closure Location:

C. Date and Time of Street Closure:

D. Purpose of Closure: (Parade, Street Fair, Block Party, etc.)

TO BE FILLED OUT BY CITY OF ESTEVAN AUTHORIZED OFFICER:

Terms and Conditions:

E. The Ministry of Highways and Infrastructure require notification 20 days prior to street closure when a provincial highway or provincial highway continuity street is to be temporarily closed by contacting the Manager of Property Rights and Registration at (306) 787-4884.

The Ministry of Highways and Infrastructure was notified and the Manager of Property Rights and Registration advised that the Ministry requires the following:

Did the City of Estevan provide the required information as described above? Yes No

If yes, the date when it was provided was the _____ day of _____, 20_____.

F. Please check all of the applicable:

i) All vehicular traffic is prohibited from parking on the street and avenue at the location described by the applicant between the following hours;

Signage indicating the prohibited parking times shall be erected _____ hours in advance of prohibited parking at the following locations:

ii) All vehicular traffic is prohibited from using the street and avenue at the location described by the applicant between the following hours;

Signage indicating prohibited vehicular traffic shall be erected _____ hours in advance of prohibited parking at the following locations:

G. Public Works Services will undertake the erecting of barricades, warning devices and other safety devices at the following locations:

H. Public Works Services Police Services

will change the operation of traffic lights and signage at the above described location as follows:

I. The Agreement to Indemnify for any loss or damage to person or property arising as a result of the parade, assembly or other event, shall be filled out at the time of application.

Has the referred agreement been signed? Yes No

J. Other Terms and Conditions:

Dated at the City of Estevan, Saskatchewan this _____ day of _____, 20 _____.

Authorized by:

Chief of Police or Public Works Manager

Copy: Legislative Services
Public Works Services
Police Services
Fire Services

AGREEMENT TO INDEMNIFY

KNOW ALL MEN BY THESE PRESENTS that in consideration of the City of Estevan, or its designated official, issuing the attached order and for other valuable consideration hereby acknowledged, the undersigned does hereby covenant and agree to indemnify and save harmless the City of Estevan, its Councillors, employees, servants, officers, directors, agents, successors and assigns from any and all manner or cause of action, suits, claims and demands whatsoever both in law and equity, resulting from loss, theft, property damage, personal injury or death sustained by any person or corporation which may hereinafter be brought against the City of Estevan, its Councillors, employees, servants, officers, directors, agents, successors and assigns by or on behalf of any person or corporation in respect of or arising or alleging to be in respect of or arising from the loss, theft, property damage, personal injury or death directly or indirectly as a result of the issuance of the permit order attached or the act or omission of any of the City personnel or employees concerning the erection or maintenance or failure to provide safety devices or maintenance therefore.

AND FURTHER the aforesaid indemnification expressly includes any such loss, theft, property damage, personal injury or death caused by or contributed to by the negligence of the City of Estevan, its Councillors, employees, servants, officers, directors, agents, successors and assigns.

IN WITNESS WHEREOF, the undersigned has executed and delivered this agreement under seal at the City of Estevan, in the Province of Saskatchewan, this _____ day of _____, 20____.

Witness

Signature: _____

Contact information of person signing the agreement to indemnify, if different from that of the applicant:

Name _____

Address _____

Phone Numbers:

Primary Ph# _____ Secondary Ph# _____

Cell Ph# _____ email _____.