



INSTRUCTIONS FOR APPLYING FOR A STREET CLOSURE PERMIT

1. Complete the attached application form.
2. The application must be filed with the Chief of Police not less than 10 days before the date the street closure is to occur.
3. If the street closure is to be held by or on behalf of another person other than applicant, the applicant for such a permit shall file with the Chief of Police a communication in writing from the person proposing to hold the street closure, authorizing the applicant to apply for the permit on his/her behalf.
4. A processing fee of \$47.00 must accompany this application. Additional charges may apply if officers are required to work at the event.
5. Chapter 72.17 – Street Closure is included with detailed instructions. Please review.
6. A Notice of Proposal must be mailed or hand delivered to affected addresses within 300 feet in all directions of event. The Notice must be mailed or hand delivered to the affected addresses at least one week before the date of the permit application. Provide addresses to JPD on an approved form.
7. Submit a copy of Commercial General Liability Insurance Certificate. Minimum insured amount must be \$1,000,000.00.
8. Submit a map of the proposed street closure.

Please contact a Community Service Officer at 907-586-0600 for questions.

JUNEAU POLICE DEPARTMENT



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JUNEAU POLICE DEPARTMENT APPLICATION FOR STREET CLOSURE CBJ 72.17.010

Person Requesting Permit: Last Name:		First Name:		Contact Number:
Address:				
Name of Organization (if any):				
Organization's Address:				
Event Chairperson: Last Name:		First Name:		Contact Number:
Chairperson's Address:				
Name of Street Closure:		Date of Street Closure:		Start Time: End Time:
Affected Streets:				
Location of Event:			Time Street Closure Will Assemble:	
Approximate Number of:				
Persons:		Animals:		Vehicles:
<i>Signature of Applicant:</i>			<i>Date Signed:</i>	
NOTE: The original permit must be picked up and in possession of the Chairperson for the duration of the event				
FOR OFFICIAL USE ONLY				
Application/Fee Received:	Organizer Contacted:	SOA, DOT Permits Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		CBJ Streets Contacted:
Date/Time:	Date:	Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cones: <input type="checkbox"/> Yes <input type="checkbox"/> No Barricades: <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Cruise Ships in:		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		Other Coinciding Event:
Personnel Assigned:		Patrol Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Briefing Arranged:
Agencies Notified:		Who:		When:
<input type="checkbox"/> CBJ Manager <input type="checkbox"/> CBJ Attorney <input type="checkbox"/> Fire Chief		<input type="checkbox"/> Utilities – Water/Sewer		Orders Drafted By:
<input type="checkbox"/> Public Works Director <input type="checkbox"/> Streets		<input type="checkbox"/> DOT/Public Facilities		
<input type="checkbox"/> Capital Transit <input type="checkbox"/> Harbors				
Route Posted:	Press Release Emailed:	Prepared By:		Date Completed:
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Mailout Completed & List Provided:		Insurance Certificate Provided:		Map Included:
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				JFD Approval:
				<input type="checkbox"/> Yes <input type="checkbox"/> No