



TEMPORARY ROAD CLOSURE PERMIT APPLICATION

Date Application Submitted: August 2nd 2022

Applicant Name/Organization: Destination Dripping Springs

Contact Person: Pam Owens

Address: 509 Mercer Street

City: Dripping Springs State: TX Zip Code 78620

Phone Numbers: Primary Contact: 512-858-4740 Cell: 512-658-4942

Email Address: pam@destinationdrippingsprings.com

Street(s) to be Closed Mercer Street & a portion of Old Fitzhugh

From Bluff To San Marcos
(intersection/block) (intersection/block)

From _____ To _____
(intersection/block) (intersection/block)

Requested date(s) and time(s) of closing:

From 8 : 00 am/pm on 10 / 14 / 2022 to 7 : 00 am/pm on 10 / 16 / 2022

Reason for Closing Dripping Springs Songwriters Festival

STREET CLOSURE SUBMITTAL REQUIREMENTS

1. Temporary Street Closure Application
2. Detailed Engineered Traffic Control Plan
3. Notification to affected property owners, local Sheriff, Fire, and EMS, Dripping Springs Independent School District, Dripping Springs Water Supply Corporation, City of Dripping Springs Wastewater Operator, Pedernales Electric Cooperative, Verizon Wireless, Time Warner Cable, any other Utility Providers
4. Pay Associated Fee:
 - 13.12 – Temporary Public Right-of-Way Usage Permit Fee - \$50.00/day
 - 13.13 – Temporary Street Closure Permit Fee - \$250.00
 - 13.14 – Temporary Street Closure Permit Fee Extension - \$100.00
5. Proof of Liability Insurance Naming City as Additional Insured.
6. Approval of City Council

NOTICE: The Permit will become invalid on the expiration date noted on the permit. If an extension is necessary, the request, along with a Permit Extension Fee of \$100.00 must be submitted ten days prior to the expiration date or this permit will become invalid and a Stop Work Order may be placed on the project.

By signing below, I acknowledge that I have read through and met the above requirements for a complete submittal:

Applicant Signature

Date

For Office Use Only

Total Fee: \$400

Form of Payment: ☐ Cash ☐ Check Check Number: _____ ☐ Credit Card _____

Date Payment Received: _____

Payment Processed By: _____



Temporary Road Closure Permit



Council Approved Date: _____

Date of Permit: _____

Type of Permit: _____

*~ City of Dripping Springs – PO Box 384 – 511 Mercer Street ~
512-858-4725*