

Received on/by:

Date, initials



Application for a

TEMPORARY ROAD CLOSURE PERMIT

Applicant Name/Organization: EVILHAWK ENTERTAINMENT / PIG PEN BBQ

Contact Person: IAN EVILSIZOR

Address: 31892 RANCH ROAD 12 Suite A

City: Dripping Springs State: TX Zip Code 78620

Phone Numbers: Office 614-653-1431 Cell: 614-653-1431

Email Address: EVILHAWKENTERTAINMENT@GMAIL.COM

Street(s) to be Closed <u>COLLEGE ST / HAYS ST.</u>	
From <u>290</u> (intersection/block)	To <u>HAYS</u> (intersection/block)
From <u>HAYS / COLLEGE</u> (intersection/block)	To <u>HAYS / Bluff</u> (intersection/block)
Requested date(s) and time(s) of closing:	
From <u>12:00</u> am/pm on <u>3/27/26</u> to <u>5:00</u> am/pm on <u>3/29/26</u>	
Reason for Closing <u>Concert</u>	

[Type text]

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STREET CLOSURE SUBMITTAL REQUIREMENTS

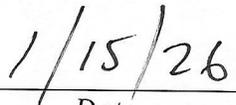
1. Temporary Street Closure Application
2. Detailed Engineered Traffic Control Plan
3. Notification to affected property owners, local Sherriff, Fire, and EMS, Dripping Springs Independent School District, Dripping Springs Water Supply Corporation, City of Dripping Springs Wastewater Operator, Pedernales Electric Cooperative, Verizon Wireless, Time Warner Cable, any other Utility Providers
4. Permit Fee of \$250.00
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