



Received on/by:

Date, initials

Application for a TEMPORARY ROAD CLOSURE PERMIT

Applicant Name/Organization: Flanders Day Committee

Contact Person: Jeff Shindler, FDC chair

Address: 511 Mercer Street

City: Dripping Springs State: Texas Zip Code: 78620

Phone: 512-894-2400 Email Address: jshindler@tds-inc.net

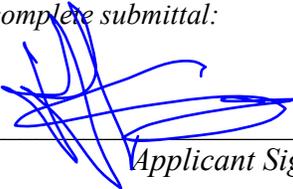
Street(s) to be Closed	<u>Merger Street</u>	
From	<u>Bluff Street</u>	To <u>US 290</u>
	(intersection/block)	(intersection/block)
Requested date(s) and time(s) of closing:		
From	<u>5:00 am</u> on <u>4/23/26</u>	to <u>9:00 am</u> on <u>4/26/26</u>
Street(s) to be Closed	<u>Bluff Street, College Street, San Marcos Street</u>	
From	<u>US 290</u>	To <u>Merger Street</u>
	(intersection/block)	(intersection/block)
Street(s) to be Closed	<u>Wallace Street</u>	
From	<u>RR12</u>	To <u>Bluff Street</u>
	(intersection/block)	(intersection/block)
Street(s) to be Closed	<u>Old Fitzhugh Road</u>	
From	<u>Merger Street</u>	To <u>Stephenson Field</u>
	(intersection/block)	(intersection/block)
Requested date(s) and time(s) of closing:		
From	<u>12:00 am</u> on <u>4/24/26</u>	to <u>9:00 am</u> on <u>4/26/26</u>
Reason for Closing	<u>public safety during Flanders Day Festival</u>	

ROAD CLOSURE SUBMITTAL REQUIREMENTS

1. Temporary Road 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:

 _____ <i>Applicant Signature</i>	<p>2 / 4 / 26</p> _____ <i>Date</i>
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Upon City Council Approval:

_____ <i>City Administrator Signature</i>	_____ <i>Date</i>
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