



CITY OF INDEPENDENCE
SPECIAL EVENT APPLICATION

In order to determine if an event requires special planning by the City of Independence, this application must be completed and submitted to the City Clerk/Treasurer thirty (30) days prior to the event in its entirety before any City property can be utilized.

INITIAL INFORMATION (Please Print)

Name of Event: 164th Annual 4th of July Parade
Date of Event: July 4, 2025 Location: Downtown Independence
Starting Time: 9 AM Ending Time: 12 PM Setup Time: 5 AM 5:30 am

If event is more than one day, please list additional dates and times below. If more room is needed, please attach a separate piece of paper listing additional dates and times.

Day 2: N/A
Day 3: N/A
Day 4: N/A
Day 5: N/A

Contact Person #1: Nikki Barth
Phone Number: 319-334-7178 E-mail: indychamber@indytel.com
Contact Person #2: _____
Phone Number: _____ E-mail: _____

Type of Event:

- | | | |
|---|---|---|
| <input type="checkbox"/> Ceremony | <input type="checkbox"/> Race Event | <input checked="" type="checkbox"/> Other <u>Parade</u> |
| <input type="checkbox"/> Company Activity | <input type="checkbox"/> Fundraiser | _____ |
| <input type="checkbox"/> Bike Event | <input type="checkbox"/> Cultural Event | _____ |

Event Description: 164th Annual 4th of July Parade.

Map of Proposed Special Event Area is **required** and must be attached to this application. The map should show where all features associated with the Special Event will be located.

Map attached: ☒ YES ☐ NO

If required for the special event, a listing of requested street or alley closures must be listed.

| Street or Alley to be closed | Beginning Point | Ending Point | Date(s) | Hours of Closure |
|-----------------------------------|------------------------|------------------------|---------|-------------------------|
| 4 th Ave NE | 2 nd St. NE | 7 th St. NE | 7-4-25 | 5 ³⁰ a - 12p |
| 2 nd St. NE | 3 rd Ave NE | 5 th Ave NE | " | " |
| 3 rd St. NE | " | " | " | " |
| 4 th St. NE | 4 th Ave NE | 5 th Ave NE | " | " |
| 5 th St. NE | 3 rd Ave NE | 5 th Ave NE | " | " |
| 6 th St. NE | 3 rd Ave NE | 5 th Ave NE | " | " |
| | | | | |
| Parade Route @ discretion of IPD. | | | | |

Applicant acknowledges that approval of this request is subject to any requirements imposed by the Police Chief to ensure the effective closure of the streets and maintain necessary safety measures will be followed.

INSURANCE - will provide @ later date.

Applicants are required to furnish a Certificate of Insurance on fully paid comprehensive public liability and property damage insurance from a licensed broker, protecting the City of Independence, its officials, and employees from any and all claims which may result from or in connection to the special event. **The City of Independence must be named as "Additional Insureds" on the certificate.** The Certificate of Insurance must be attached to the application.

The liability insurance limits shall not be less than the following:

- General Aggregate \$2,000,000
- Products-Completed Operations Aggregate \$2,000,000
- Personal & Advertising Injury \$1,000,000
- Each Occurrence \$2,000,000
- Fire Damage (any one fire) \$2,000,000
- Medical Expenses (any one person) \$5,000

USE OF CERTAIN MOTORIZED VEHICLES

The City of Independence prohibits the use of certain motorized vehicles on city streets/property except by special permission of the Mayor. Please indicate if any of the vehicles from the list below may be used during the special event. Please also indicate quantity and model of vehicles. If approved, these vehicles that may be used may be subject to the liability insurance coverage of the event sponsor.

☒ ATV (All Terrain Vehicles)

☒ Golf Carts

☒ Off-Road Utility Vehicles

☐ Snowmobiles

EXCLUSIONS FROM REGULAR LICENSING REQUIREMENTS

An applicant may request the City Council to consider a temporary limitation by the City for the issuance of Peddlers, Solicitors, and Transient Merchants Permits. This request may ask the Council to consider limiting the area in which such licenses are issued during the time period approved for the Special Event. In considering this, the City Council must recognize in a separate Resolution, the City-wide interest in promoting the Special Event and in limiting the issuance of Peddlers, Solicitors, and Transient Merchants Permits. If the applicant so desires, such a request should also be attached to this application for the City Council's consideration.

I have completed the Special Event Application. I understand the conditions under which it is issued and agree to comply with these conditions for this event.

Applicant Printed Name: Nikki K. Barth
Applicant Signature: Nikki K. Barth
Date: 3/10/25

INTERNAL OFFICE USE ONLY

DEPARTMENT REVIEW


All affected departments are to review the application and provide written comments for the City Clerk/Treasurer to compile and submit to the City Council and applicant prior to the City Council meeting where the event will be up for consideration.


| Department | Comments attached (Yes/No/NA) |
|--------------------|-------------------------------|
| Police | Approved 4/15/25 |
| Fire | Approved 3/11/25 |
| Streets | Approved 3/12/25 |
| Parks & Recreation | Approved 3/11/25 |

REQUIREMENT CHECKLIST

| REQUIREMENT | DATE RECEIVED/ACTION TAKEN |
|------------------------------------|----------------------------|
| Application Submittal Date | 3/10/25 |
| Map Submitted | 3/10/25 |
| Certificate of Insurance Submitted | in process |
| Department(s) Reviewed | see above |
| Council Reviewed | |
| Council Approval | |
| Permit Issued | |

2025 Parade Staging & Route

 Open Parade Staging
First Come - First Serve

 Priority & Reserved Parade Staging

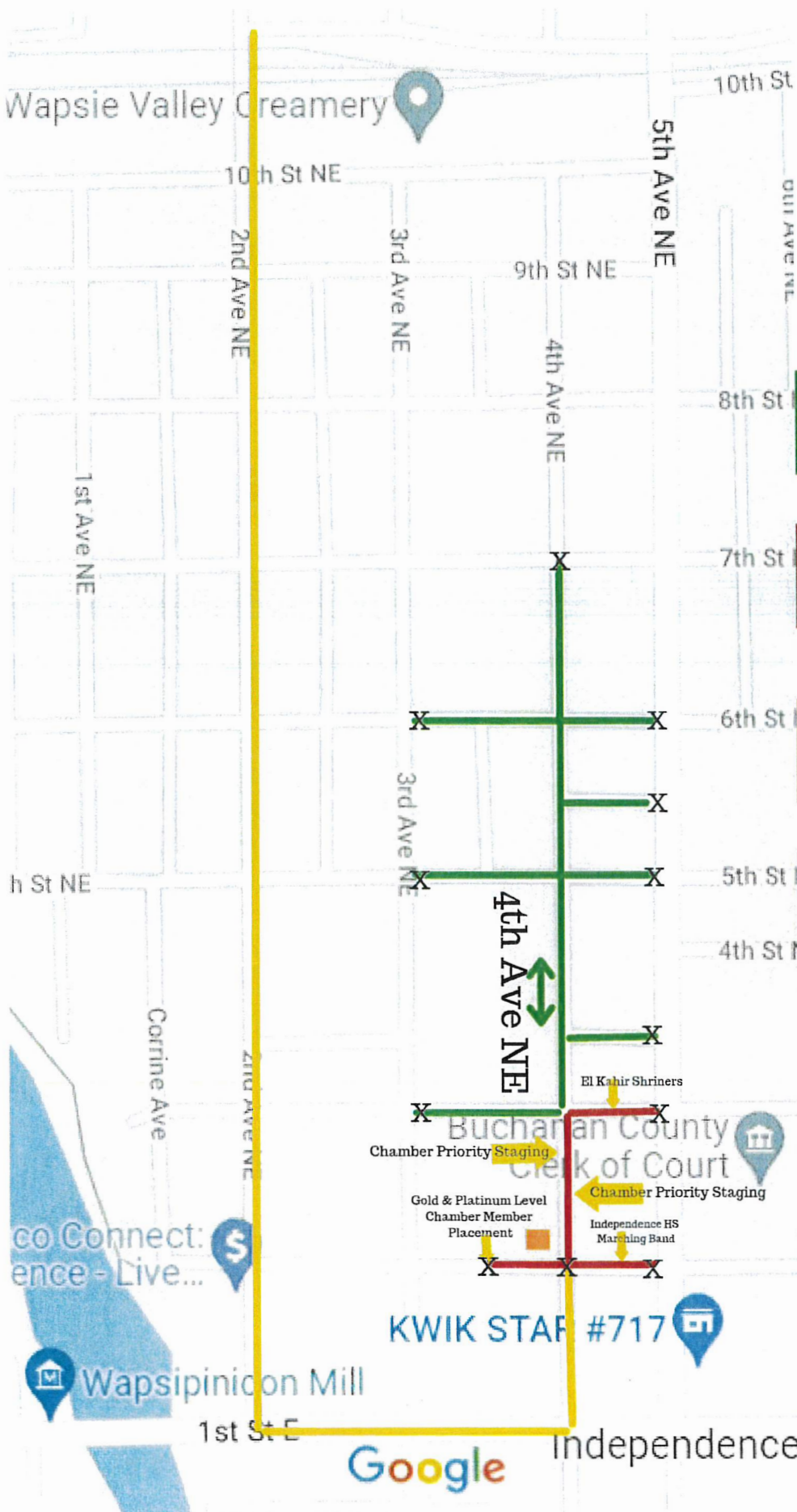
 Route

 Parade Check-In Tent

X= barricades needed

Independence PD
No parking signs:
throughout Red & Green
staging area to be put up
on July 3rd.

Independence Streets Dept:
Drop barricades at designated
locations on July 3.





Iowa Department of Transportation

REQUEST FOR CLOSING PRIMARY ROAD EXTENSION

The Iowa Department of Transportation
Ames, Iowa

Pursuant to Administrative Rule 761-161.1(321), The City of Independence,
Iowa requests permission to close the extension of Highway 150 from
Intersection of 3rd St. SE & Iowa Highway 150 to

Intersection of 5th Ave NE & Iowa Highway 150
for the period beginning at 0900 A.M., July, 4th, 2025 and ending at 1201 P.M.
(Time) (Month, Day) (Year) (Time)

July, 4th, 2025 The purpose of this closure is
(Month, Day) (Year)

Annual Independence Day Parade

The City recommends and gives approval to detour traffic over the following streets:

Northbound - 3rd St SE & 5th Ave SE

Southbound - 5th Ave SE & 2nd St SE

This detour route will allow more turning area for semis.

If any of the above detour is over a county road, written approval must be secured from the County Board of Supervisors and submitted with this request.

The City hereby acknowledges responsibility for maintenance and restoration of the detour, and for repair of any damages that may occur to the closed section of the primary extension. The City hereby accepts full liability for conditions or operations on the detour.

The City hereby assures the Department that the purpose of the closure is CIVIC in nature, and is not intended for promotion of commercial activities.

DISTRIBUTION: White Copies -- Applicant; -- District Office; -- Area/Staff Maintenance Office - Area Maintenance Supervisor; - Records Center.
During the period of use of the detour, traffic shall be policed by local enforcement officers.

03/20/2025

Date

Independence, Iowa 50644

City

By

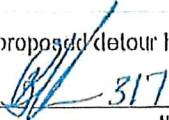


Blau@independencela.gov

Captain Brian D. Lau

Title

The proposed detour has been reviewed and approval is recommended



Highway Patrol Officer

Lt. Brian Senne #317 Post 10

3/20/2025

Date

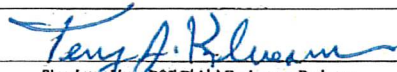
Five copies of this request must be filed with the Iowa Department of Transportation at least forty-five (45) days prior to the first day of the closure.

The proposed detour route described above has been reviewed and found adequate.

Recommendations and remarks

Please see 55 Requirements and Exhibit "A"

Approved



Signature of Iowa DOT District Engineer or Designee

3-25-25

Date

Terry Kluesner, Engineering Operations Technician

Title

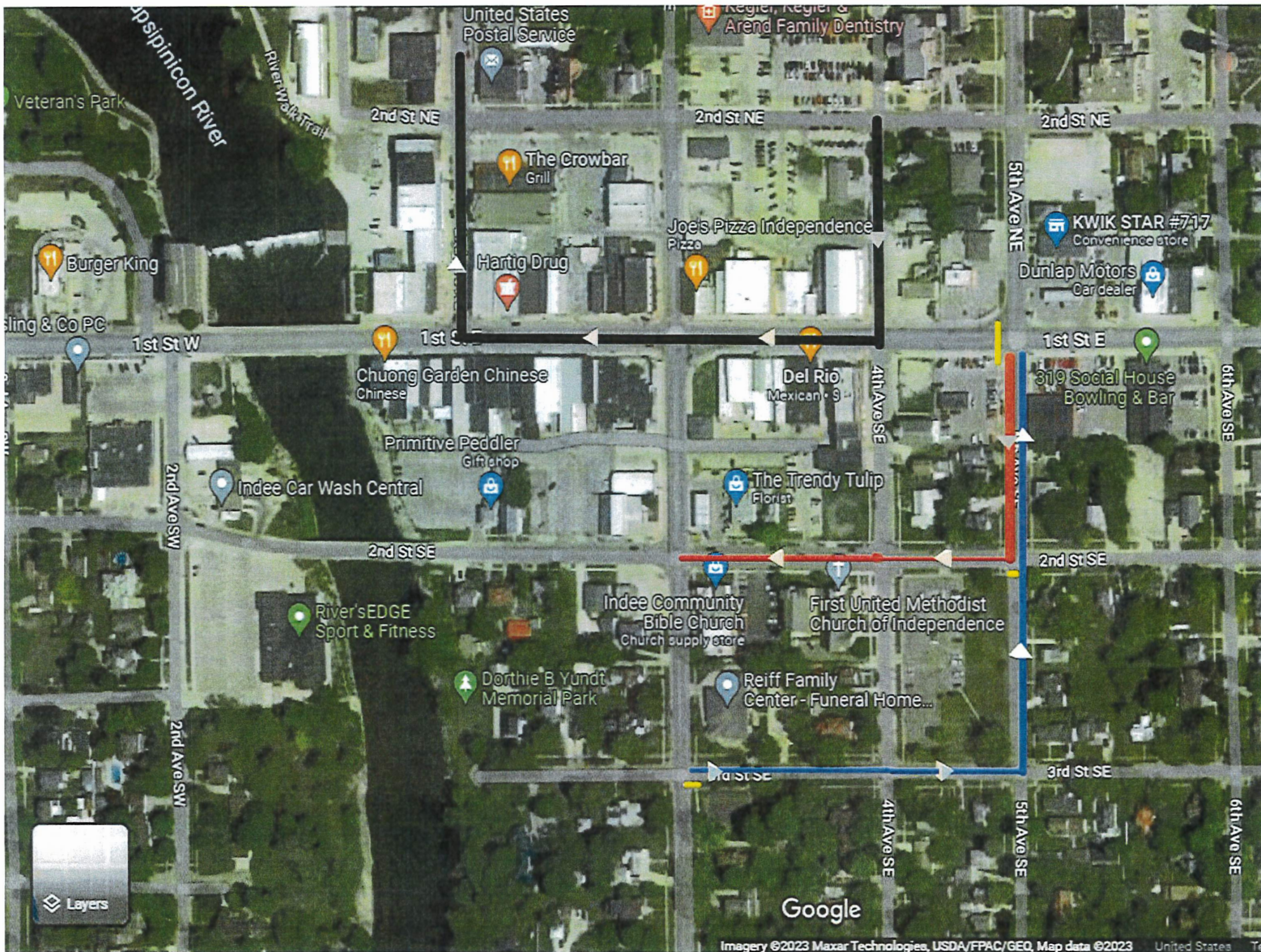
Request is denied. Reason for denial

Signature of Iowa DOT District Engineer or Designee

Date

Title

Disclosure Statement: The information furnished on this form will be used by the Department of Transportation to determine approval or denial of the application. Failure to provide all information will result in denial of the application. Information furnished is public information and copies may be provided to the public upon request.



Map Notes

Black indicates parade route

Red is southbound detour

Blue is northbound detour

Yellow is barricade placement for detour with signage

The parade continues further north on 2nd Ave NE, ran out of room on map to be able to show detail, but it runs to 12th St. NE

Exhibit A

Attachment to Form 810030:

The applicant is responsible for determining the uses of the highway right-of-way while the roadway is closed to vehicle traffic under this permit.

No persons shall be permitted to use or consume alcoholic beverages upon the highway right-of-way.

Refer to Code of Iowa Section 123.46.2 & 721.2S for restrictions that apply to highway right-of-way.

Before setting up lane closure or restriction on a State Highway, the applicant shall contact the local DOT Maintenance Garage (Mike Gallup @ 319-361-4478) and the Iowa Traffic Management center as per attached 511 Information. This call should be done 10 days in advance of the road closure/detour.



Terry J. Kluesner
Engineering Operation Technician
14117 Rt 52N, PO Box 325
Dyersville, IA 52040
Office: 563-875-2375 Fax: 563-875-2388
Cell: 515-815-2831
Terry.kluesner@iowadot.us

Project Delivery Division | Right of Way Bureau

800 Lincoln Way Ames, Iowa 50010

Phone: 515-239-1014

Email: deanne.popp@iowadot.us

Notification of width or height restrictions on Iowa primary highways – Utility Requirements

To: Utility companies

Subject: Notification of width or height restrictions on Iowa primary highways

Date: June 4, 2020

In accordance with the stipulations on all Utility Accommodation permits, utilities may not obstruct or close primary highways without prior consent of the Iowa DOT, except in emergency situations.

A 10-day notice is required for any lane restriction (width or height) on a primary highway before the work is started. If a 10-day notice is not given, Iowa DOT Motor Carrier Services (MCS) will have to check for permitted loads on those routes for possible conflicts and work with the permit holders and DOT Maintenance Bureau to resolve the conflicts. In emergency situations, notification should be provided as soon as possible.

Even short-term partial closures can have a significant impact on the operation of highway system. The Iowa DOT is working hard to improve the accuracy of the information provided by the Iowa 511 traveler information system, (<http://511ia.org/>) but we need your help. Besides providing real-time information to the traveling public, this system is also used by the Iowa DOT to route oversize loads. Having accurate information on the location, extent and duration of lane restrictions is critical for their routing processes.

Before setting up a lane closure or any vertical/horizontal restriction on a primary highway, call your local Iowa DOT maintenance garage, as shown on the Iowa DOT Districts web page, <http://www.iowadot.gov/districts/contacts.html> to discuss timing and date of the closure/restriction. Once the maintenance garage concurs with the timing and date, it is your responsibility to call the Iowa DOT Traffic Management Center (TMC) at (515-237-3300). The TMC will add the information to the 511 system, which generates an automatic message to (MCS) and the District office.

This notification does not replace the need for a permit application. Permits are required for utility accommodation and for any and all work on right of way, except emergency work.

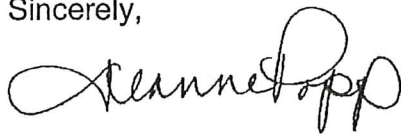
When providing notice to the Iowa DOT, you will need to supply detailed information about the closure (<https://iowadot.seamlessdocs.com/f/Cars511RequestForm>).

It is advised you have this information available when you call the TMC.

If you have any questions, **please do not reply to this note**. Instead, you may contact either your local Iowa DOT maintenance garage or the TMC.

Thank you in advance for your cooperation.

Sincerely,



Deanne Popp
Utility Program Administrator
515-239-1014
deanne.popp@iowadot.us
Iowa Department of Transportation



CARS 511 Request Form

Email NEW CARS entries to IowaDOT.Traffic@iowadot.us. Updates and/or changes to the current CARS entries may be emailed or by calling 515-237-3300.

If you need a press release for this project please contact Keven Arrowsmith in the Office of Strategic Communications, by phone (515-239-1620) or email (Keven.Arrowsmith@iowadot.us).

General Information

Requester: _____ E-mail address: _____

Does this project include Intelligent Work Zones? ☐ Yes ☐ No

Responsible RCE Office:

- | | | |
|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Grimes | <input type="checkbox"/> Sioux City | <input type="checkbox"/> Charlton |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Cedar Rapids |
| <input type="checkbox"/> Marshalltown | <input type="checkbox"/> Council Bluffs | <input type="checkbox"/> Davenport |
| <input type="checkbox"/> Mason City | <input type="checkbox"/> Creston | <input type="checkbox"/> Manchester |
| <input type="checkbox"/> New Hampton | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Other |

Route and direction (N, S, E, W or Both) _____

DOT Project Number (if applicable) _____

Project description (PCC/HMA resurfacing or overlay, bridge replacement, new bridge, etc.) _____

Project begin location (detailed description) (Do NOT use landmarks) _____

Project end location (detailed description) (Do NOT use landmarks) _____

County/Countries _____

24 hour project contact (for after-hours traffic control issues)

Name _____ Phone _____ (If none, please enter none)

Describe the impact on traffic

- | | | |
|--|--|---|
| <input type="checkbox"/> Closed | <input type="checkbox"/> Center lane closed | <input type="checkbox"/> Intersecting road closed |
| <input type="checkbox"/> Closed intermittently | <input type="checkbox"/> Right shoulder closed | <input type="checkbox"/> Local road closures in area |
| <input type="checkbox"/> Intermittent lane closure | <input type="checkbox"/> Left shoulder closed | <input type="checkbox"/> Left lane of exit ramp closed |
| <input type="checkbox"/> Alternating lane closures | <input type="checkbox"/> Exit ramp closed | <input type="checkbox"/> Road construction |
| <input type="checkbox"/> Reduced to one lane | <input type="checkbox"/> Entrance ramp closed | <input type="checkbox"/> Work in the median |
| <input type="checkbox"/> Reduced to two lanes | <input type="checkbox"/> Two center lanes are closed | <input type="checkbox"/> Opposing traffic |
| <input type="checkbox"/> Reduced to three lanes | <input type="checkbox"/> Left exit ramp closed | <input type="checkbox"/> Single lane traffic alternating directions |
| <input type="checkbox"/> Right lane closed | <input type="checkbox"/> Shoulder closed | <input type="checkbox"/> Slow moving maintenance vehicle |
| <input type="checkbox"/> Left lane closed | <input type="checkbox"/> Bridge is closed | |

Additional project information (pilot car, flagger, etc.) _____

Will there be temporary overhead signals? (15' standard height restriction)

☐ Yes

☐ No

If yes, please provide the location of the temporary overhead signals.

Project begin date and time: _____ Project end date and time: _____

Times of Closure

☐ Continuous

☐ Weekdays (Monday – Friday)

☐ Nights

Times of closure (Actual times required) _____

Restrictions (Need help deciding appropriate restrictions? Call Motor Carrier Services at 515-237-3264)

Are there restrictions? ☐ Yes ☐ No (If no, please skip ahead to the "Detour Information" section.)

Are there width restrictions? ☐ Yes ☐ No

Is the width restriction the entire length of the project? ☐ Yes ☐ No

If yes, what is the width restriction? _____

If no, do you have the Restriction Tabulation sheet? ☐ Yes ☐ No

If yes, please attach the Restriction Tabulation Sheet.

If no, how many width restricted areas and bridges are within the project? _____

If you do NOT have the Restriction Tabulation Sheet, please complete the relevant information for each restricted area or bridge.

| | | |
|----------------------------|--|---|
| 1. Area or bridge # _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Measured width minus (at least) 1 ft. _____ |
| 2. Area or bridge # _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Measured width minus (at least) 1 ft. _____ |
| 3. Area or bridge # _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Measured width minus (at least) 1 ft. _____ |
| 4. Area or bridge # _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Measured width minus (at least) 1 ft. _____ |
| 5. Area or bridge # _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Measured width minus (at least) 1 ft. _____ |
| 6. Area or bridge # _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Measured width minus (at least) 1 ft. _____ |
| 7. Area or bridge # _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Measured width minus (at least) 1 ft. _____ |
| 8. Area or bridge # _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Measured width minus (at least) 1 ft. _____ |
| 9. Area or bridge # _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Measured width minus (at least) 1 ft. _____ |
| 10. Area or bridge # _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Measured width minus (at least) 1 ft. _____ |

Are there height restrictions? ☐ Yes ☐ No (If no, please continue to next section)

If yes, do you have the Restriction Tabulation sheet? ☐ Yes ☐ No

If yes, please attach the Restriction Tabulation Sheet.

If no, how many overhead bridges are within the project? _____

If you do NOT have the Restriction Tabulation Sheet, please complete the relevant information for each overhead bridge

| | | |
|--------------------------------|--|------------------------------------|
| 1. Bridge # or location _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Estimated Vertical Clearance _____ |
| 2. Bridge # or location _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Estimated Vertical Clearance _____ |
| 3. Bridge # or location _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Estimated Vertical Clearance _____ |
| 4. Bridge # or location _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Estimated Vertical Clearance _____ |
| 5. Bridge # or location _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Estimated Vertical Clearance _____ |
| 6. Bridge # or location _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Estimated Vertical Clearance _____ |
| 7. Bridge # or location _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Estimated Vertical Clearance _____ |
| 8. Bridge # or location _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Estimated Vertical Clearance _____ |
| 9. Bridge # or location _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Estimated Vertical Clearance _____ |
| 10. Bridge # or location _____ | Travel direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Estimated Vertical Clearance _____ |

Are there **weight** restrictions? ☐ Yes ☐ No ☐ Unknown

If yes, what is the weight restriction? _____

Are there **length** restrictions? ☐ Yes ☐ No ☐ Unknown

If yes, what is the length restriction? _____

Are these restrictions 24 hours per day? ☐ Yes ☐ No (If no, please enter the daily start / end times below.)

Enter the daily restriction START time _____ And daily restriction END time _____

Additional information pertaining to restrictions (shoulder type and width, TBR, channelling devices, etc.)

Detour Information

Is there a marked detour? ☐ Yes ☐ No

If yes, are oversized loads allowed on the detour? ☐ Yes ☐ No

If yes, are there restrictions on the detour? (height, width, length, weight)

If no, what restriction prevents oversize / overweight loads? (height, width, weight, length)

Do you have a map of the detour? ☐ Yes ☐ No

If yes, please attach the map of the detour

If no, please describe the detour in detail in the space provided below.

District Traffic Tech (contact for all detour restriction info)

Name _____ Phone _____

Maintenance Garage responsible for detour: _____

Dynamic Message Signs (DMS)

Request use of permanent DMS in area: ☐ Yes ☐ No

Proposed signs and messages