



**APPLICATION FOR PERMIT
FOR PRIVATE USE OF
PUBLIC STREETS (RIGHTS-OF-WAY)
AND PARKING LOTS**

Applicant Name: SMSU Alumni and Foundation
Applicant Address: 1501 State St Marshall MN 56258
Contact Person: Hannah Abel Phone/Cell#: O: 507-537-6820 C: 320-226-9614
Address of Request: 1501 State St Marshall MN 56258
Reason for Request: SMSU Homecoming Parade
Start Date of Request: 10/11/25 Start Time: 10:30am am/pm
End Date of Request: 10/11/25 End Time: 1:30pm am/pm
Brief Description of Area Requested for Private Use/Closure (attach map): South down State St.
N. O'Connell St in front of Founder's Hall, West on Birch st and then north on Mustang Trail

NOTE: Parade start time is noon.

Does the request involve Mn/DOT Right-of-Way? Yes ☐ No ☒

The Applicant agrees to assume entire responsibility and liability for all damages or injury to all persons, whether employees or otherwise and to all property, arising out of, resulting from or in any manner connected with the operation of the event.

The Applicant agrees to indemnify the City, its agents and employees from all such claims including, without limiting the generality of the foregoing claims for which the City may be or may be claimed to be liable, and legal fees and disbursements paid or incurred to enforce the provisions this paragraph.

The Applicant will be responsible for any damage done to the public property as a result of the event activities, damages payable upon receipt of invoice.

It is the responsibility of the Applicant to install and maintain the appropriate traffic control devices during the closure period. Traffic control devices shall be in conformance with the Minnesota Manual on Uniform Traffic Control Devices, MUTCD.

If the event or private use area occurs within Mn/DOT right-of-way:


1. Participants and event officials will obey all Minnesota Laws pertaining to the use of Highway Rights of Way.
2. The event officials will notify the Minnesota State Patrol of the proposed event and will provide law enforcement officers to control and/or detour trunk highway traffic affected by the event.

08/18/25

Date

Hannah Abel

Signature of Applicant

 Digitally signed by Hannah Abel
Date: 2025.08.19 08:31:28 -05'00'

CLICK TO SEND TO PUBLIC WORKS

RECOMMENDATION

Minnesota State Statutes 169.04 states in part that any parade or assemblage on Trunk Highways requires the consent of the Commissioner of Highways (or his delegate). In order to validate this permit, the City must obtain consent from the Commissioner of Highways prior to approval of this permit (a copy of which is attached).

RECOMMENDATION: _____

Special Provisions: _____

Date

Director of Public Works/City Engineer

=====

**PERMIT FOR
PRIVATE USE OF PUBLIC STREETS (RIGHTS-OF-WAY)
AND PARKING LOTS**

According to Section 62-6 of the Code of Ordinances, permit granted by the Common Council of the City of Marshall this _____ day of _____, 20_____.

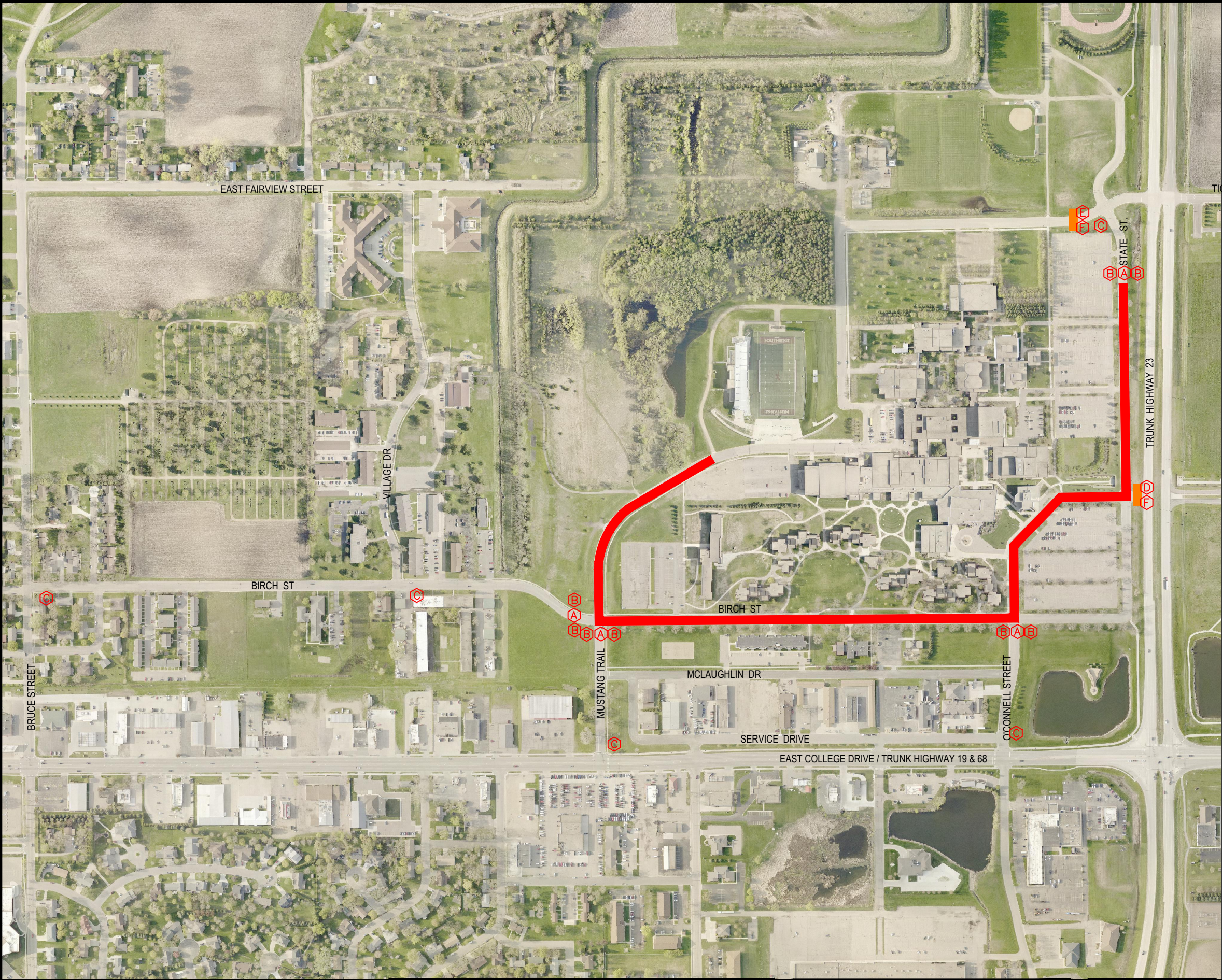
ATTEST:

City Clerk

Mayor of the City of Marshall, MN

Attachments

Copies to: Director of Public Safety James Marshall
Minnesota Department of Transportation



R11-2
G20-2

FLASHERS NOT SHOWN

R11-2
G20-2

FLASHERS NOT SHOWN

POLICE OFFICER

SMSU STAFF

CONES ACROSS ROAD

SIGN	SIGN NO.	QUANTITY	SIZE	COLOR	FLASHERS
	TYPE III BARRICADE	17	60"x48"	ORANGE ON WHITE	9
	R11-2	4	60"x30"	BLACK ON WHITE	
	R11-2	5	60"x30"	BLACK ON WHITE	

NORTH

CITY OF MARSHALL
LYON COUNTY
MINNESOTA

Not to Scale

CLOSED ROAD

ALL TRAFFIC CONTROL DEVICES SHALL CONFORM TO THE LATEST EDITION OF THE MINNESOTA MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES, INCLUDING THE LATEST FIELD MANUAL FOR TEMPORARY TRAFFIC CONTROL ZONE LAYOUTS

ALL NECESSARY TRAFFIC CONTROL DEVICES AND DETOUR DEVICES ON THIS PROJECT SHALL BE THE RESPONSIBILITY OF THE CITY OF MARSHALL.

ALL TRAFFIC CONTROL DEVICES SHALL HAVE RETROREFLECTIVE SHEETING.



CITY ENGINEERS OFFICE
344 WEST MAIN STREET
MARSHALL, MINNESOTA
56258

SMSU HOMECOMING ON CAMPUS

Detour Signing Plan

REVISIONS	
DATE	DESCRIPTION

I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION OR REPORT WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A DULY LICENSED ENGINEER UNDER THE LAWS OF THE STATE OF MINNESOTA.

DATE _____

DATE
08/13/2025

S.P. NO.

DRAWN BY G.J.S.

SHEET NO.

1 of 1