



EAGAN

STREET CLOSURE APPLICATION and BLOCK PARTY CONSENT FORM

3501 COACHMAN PT | EAGAN, MN 55122-1810
(651) 675-5300 | TDD: (651) 454-8535 | FAX: (651) 675-5360
eaganstreets@cityofeagan.com

RULES AND REGULATIONS FOR BLOCK PARTIES

PERMIT REQUIRED

- A permit, issued by the City of Eagan, is required to close any public street for any purpose, including neighborhood block parties.

PERMIT APPLICATION

- Must be signed and completed by a resident impacted by, and responsible for, the street closure.
- Must be accompanied by signatures from a minimum of 75% of the impacted properties indicating their support for the block party.
- Must be submitted a minimum of seven (7) working days prior to the requested date to allow notification of various departments.

STREET CLOSURES

- Streets must be accessible to emergency and local neighborhood traffic at all times.
- Street closures are permitted only during the hours from sunrise to sunset as published in the local metropolitan newspaper for the day.
- **Street closures are restricted to only cul-de-sacs and local residential neighborhood streets not exceeding 500 feet from intersection to intersection (or end) of cul-de-sac, or incorporating less than 12 properties taking access from the affected street.**
- Full or partial closure of designated collector and arterial streets will not be permitted.
- No portion of a street shall be closed that results in a remaining portion of the same street from having a convenient and adequate turnaround for the travelling public without encroaching on private property or using private driveways.

BARRICADE MATERIALS

- No rope, chain, wooden or other heavy material (greater than 50 pounds) type barricades are permitted. High visibility orange traffic cones are recommended and up to 12 will be provided by the City.
- Traffic cones can be picked up at the Eagan Maintenance Facility, 3501 Coachman Point, upon payment of deposit. The hours of pickup and return are 7:00 to 4:30 p.m. For weekend use, the pickup is on Friday and the return on Monday. On holidays, the pickup day would be the first working day preceding the holiday with the return on the first working day following the holiday. Weekday pickup days are the day before, and return the day after. No delivery or pickup of cones is provided by the City.

LIABILITY/RESPONSIBILITY

- The City assumes no responsibility or liability for the street closure, the placement of the barricades/cones or the activities of the block party.
- The applicant agrees to comply with all local ordinances and cooperate with local law enforcement officials as requested.
- The applicant agrees to clean up any refuse from party.
- The applicant agrees to accept responsibility for the timely return of any materials obtained from the City and the fee of replacing any missing, damaged or destroyed materials.



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APPLICATION:

Name of Street to Close: _____

Street Closed in Front of these House Numbers: _____

Date of Closure: _____ From: _____ a.m. / p.m. To: _____ a.m. / p.m.

Pick Up Date for Traffic Cones: _____

Applicant Name: _____ Phone: _____

Address: _____ E-mail: _____

Applicant Signature: _____ Date: _____

NEIGHBORHOOD CONSENT:

By signing below, I have no objection to the block party taking place at the above location at the date and time indicated:

Printed Name & Signature

Address

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |



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- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

(Please do not write below this line- to be completed by City Staff)

Permit Approved By: _____
(Staff Person)

of Traffic cones (28") issued for a \$25.00 deposit by:

(Staff Person)

\$25.00 Deposit Received: Check Name and # _____ (OR) Cash _____

_____ # of Traffic Cones Returned

\$ _____ Amount Due (\$15.00 for each missing cone)

\$ _____ Amount Paid for Missing Cones _____
(Staff Person)

Date Distribution List Notified: _____