

**CITY OF APOPKA  
APPLICATION FOR STREET CLOSING**

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_  
(Church, Homeowners' Association, Club, etc.)

Street(s) to be closed: \_\_\_\_\_

Reason: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Type of Notification to affected Residents: \_\_\_\_\_

- \_\_\_\_\_ 1. Completed Street Closing Application
- \_\_\_\_\_ 2. Petition from Residents affected
- \_\_\_\_\_ 3. Location Map/Street to be closed
- \_\_\_\_\_ 4. Liability Insurance naming the City of Apopka as additional insured in the amount of \$1,000,000.
- \_\_\_\_\_ 5. Signed Hold Harmless Agreement
- \_\_\_\_\_ 6. Approval of Police, Fire, and Public Services Departments
  - a) Must use temporary barricades to allow access for emergency vehicles.
  - b) No Alcoholic Beverages
  - c) The City Council will consider the request based on the above information including the safety and welfare of the citizens. Each request will stand on it's own merits with consideration given to traffic needs, type of activity and how it relates to the total community. The decision of the City Council will be final.
  - d) Detour signs will be erected in appropriate areas.

**LOCATION MAP ATTACHED**



## INDEMNITY AND HOLD HARMLESS AGREEMENT

THIS AGREEMENT made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between \_\_\_\_\_ (applicant's name), of the \_\_\_\_\_ (Church, Homeowners' Association, Club, etc.), and the CITY OF APOPKA, FLORIDA.

I (we), the undersigned, do hereby agree to indemnify and hold harmless the City of Apopka, Florida, its elected officials, officers, agents, and assigns for any and all damages, attorney fees and costs incurred by said City in any instance in which the City must expend funds and/or defend its decisions arising from the closing of \_\_\_\_\_ road(s) or street(s) in the \_\_\_\_\_ Subdivision on \_\_\_\_\_ (date).

Two Witnesses:

\_\_\_\_\_  
(Signature)                      (Signature of Applicant)

\_\_\_\_\_  
(Printed Name)                      (Printed Name)

\_\_\_\_\_  
(Signature)                      Address: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)                      \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name

Commission No. \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_