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Thomas Conrad, Ward 1
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TOWNSHIP OF LOWER
2600 Bayshore Road
Villas, New Jersey 08251

Joseph Wareham, Ward 2
jwareham@townshipoflower.org

Roland Roy, Jr., Ward 3
rroyland@townshipoflower.org

Michael Laffey, Manager
mlaffey@townshipoflower.org

STREET CLOSURE REQUEST TOWNSHIP OF LOWER

I, _____ residing at _____
(Applicants Name Printed) (Location of Applicants Residency)

request to temporarily close _____ from _____
(Street Name) (Street Name)

to _____ on _____ from _____ (am/pm) until
(Street Name) (DATE) (TIME)

_____ (am/pm).
(Time)

1. I, the Applicant, acknowledge that the rights of ALL affected residents will be respected in the event my request to temporarily close a street is approved. That is, any residents residing within the closed area who feel that they must either leave or enter during the time of closure must be allowed to do so. **The Township requires 100% approval of all residents on the block(s) to be closed as a prerequisite to considering a request to close a street. The signatures of all impacted residents residing on the block(s) must be provided on the attached sheet.**
2. The Township requires a Certificate of Insurance naming the **Township of Lower as an additional insured.** Please see attached Certificate of Insurance requirements.
3. To ensure barricades are available, residents must submit a request to close a street a **minimum of ten (10) business days (Monday through Friday, 8:30am to 4:30pm) in advance of the event.** If the request is submitted less than ten (10) business days prior to the event, the Township of Lower does not guarantee that barricades will be available, in which case the request to close a street must be denied. Residents are responsible for setting up and taking down the barricades that will be utilized to close the street in question. The barricades, if available, will be delivered to the points of closure by Township Public Works personnel at the close of normal working hours on the day closest to the date of the event. Township personnel will pick up the barricades from the same points of closure on the next working day after the event. The barricades will be emplaced only during the hours specified for closure in the request submitted to the Township, normally four (4) hours, but in no event shall a street closure exceed eight (8) hours.

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4. Nothing in this permit should be construed to be an exception to any applicable law(s), including but not limited to laws regarding alcohol consumption, public intoxication, or violation of the noise Ordinance. Quiet time per local ordinance is 10:00pm through 8:00am.
5. Any mechanical rides, bounce houses, water slides or carnival-like rides require certification from the State of New Jersey and Certificate of Insurance, naming the Township of Lower as an additional insured.
6. Emergency vehicles will be allowed IMMEDIATE access to the closed area.
7. The Township reserves the right to deny any request to close a street in the Township for any reason or no reason.

I have read and agree with the above stated conditions. I have provided the following required documentation:

- a. Certificate of Insurance.
- b. Signatures of all residents living within the closed area.
- c. Proof of certificate from the State of New Jersey for mechanical rides, bounce houses, water slides or carnival like rides or attractions.

Applicants Signature

Applicants Name, Address and Phone Number

Township Manager

Date

Lower Township Police Department

Date

Department of Public Works

Date

For questions or concerns please contact the Township of Lower at (609) 886-2005.

CERTIFICATE OF INSURANCE

Evidence of financial responsibility from event chairperson, organization and others with whom the Township of Lower does business is required. Evidence should be in the form of a document that is issued by an insurance company or their authorized representative, which spells out the insurance coverage in force at the dates and times the special event will occur. It does not serve as a binder and does not confer rights upon the holder. The policy must be current and not expire before or on the dates of the event.

The Township Manager or Township of Lower Mayor and Council may refuse to grant the use or permission to execute the Special Event whenever in their judgment there is good reason why permission should be refused. They shall not be required to give a reason for such refusal.

Individuals – Block Parties or any other oriented parties

Non-Profit/Charitable Groups – Civic Groups, Social Groups, Support Groups or any other group that does not gain profits.

Commercial Rental – Any organization that is for profit. (I.e. Associations, Corporations, etc.).

I. INDIVIDUALS

A. General Liability Limit \$1,000,000.00

Evidence that the individual has personal liability insurance in force is required to use any Township of Lower property or facility. This would be in the form of Homeowners, Condo, or Tenant's policy where the personal liability coverage is included along with other coverage for the individual. A copy of the policy needs to be kept on file with the Special Event Application as evidence of coverage.

II. NON-PROFIT/CHARITABLE GROUPS

A. General Liability Limit \$1,000,000.00

B. Township of Lower, N.J. named as "Additional Insured"

C. Executed Hold Harmless Agreement required with Special Event Application. The Special Event shall not be allowed to occur or use the Township of Lower until it has obtained the insurance required under this contract. All coverage shall be with insurance carriers licensed and admitted to do business in the State of New Jersey and acceptable to the Township of Lower. If the organization / individual contracts with a vendor, evidence of adequate insurance coverage also needs to be secured from them.

III. COMMERCIAL (FOR PROFIT) GROUPS

A. Commercial General Liability Limit \$1,000,000.00

Combine Single Limit of Liability for Bodily Injury and Property Damage.

B. Township of Lower, N.J. named as "Additional Insured"

C. Executed Hold Harmless Agreement required with Special Event Application. The Special Event shall not be allowed to occur or use the Township of Lower until it has obtained the insurance required under this contract. All coverage shall be with insurance carriers licensed and admitted to do business in the State of New Jersey and acceptable to the Township of Lower. If the organization / individual contracts with a vendor, evidence of adequate insurance coverage also needs to be secured from them.

My signature below constitutes my approval to close _____ Street

DATE OF EVENT

ADDRESS

PRINTED NAME

SIGNATURE

HOLD HARMLESS

NAME OF ORGANIZATION/USER _____ will be referred to as **USER** from this point forward. **USER** shall indemnify, save harmless and defend the **Township of Lower**, its elected and appointed officials, its employees, agents, volunteers and others working on behalf of the **Township of Lower**, from and against any and all claims, losses, costs, attorney's fees, damages, or injury including death and/or property loss, expense claims or demands arising out of **USER'S** use of the facilities/equipment, specifically the closure of a public street within the Township of Lower, including all suits or actions of every kind or description brought against the **Township of Lower**, either individually or jointly with **USER** for or on account of any damage or injury to any person or persons or property, caused or occasioned or alleged to have been caused by, or on account of, any of the activities conducted by or caused to be conducted by **USER**, or through any negligence or alleged negligence in safeguarding the FACILITY(IES) or EQUIPMENT, specifically the closure of a public street within the Township of Lower, participants, or members of the public, or through any act, omission, or fault, or alleged act, omission, or fault of the **USER**, its employees, agents, volunteers, subcontractors or others under the direction, control or under any contractual relationship with the **USER**. The above **USER** shall inspect the described FACILITY(IES) or EQUIPMENT, specifically the closure of a public street within the Township of Lower, prior to the use of the FACILITY(IES) or EQUIPMENT, and/or closure of the public street, and report any defective, hazardous or dangerous condition to the Township Manager, the Township Public Works Supervisor, and/or a designated Township Representative, and **USER** shall immediately cease the use of the FACILITY(IES) or EQUIPMENT, and/or closed public street, until such defective, hazardous or dangerous conditions are remedied. After the use of the FACILITY(IES) or EQUIPMENT, and/or closed public street, **USER** shall immediately report to the **Township of Lower** any and all defects, hazards, damages or dangerous conditions upon or adjacent to the FACILITY(IES) or EQUIPMENT, and/or closed public street.

INSURANCE

Notwithstanding the indemnification and defense obligations of the **USER**, **USER** shall purchase and maintain such insurance described in the attached schedule and as is appropriate for the type of use and hazards present and as will provide protection from any and all covered claims which may arise out of or caused or alleged to have been caused in any manner from **USER'S** use of the FACILITY(IES) or EQUIPMENT, and/or closed public street, whether it is to be used by the **USER**, its employees, agents, volunteers, subcontractors or others under the direction, control or under any contractual relationship with the **USER** or by anyone for whose acts any of them may be liable. **USER** shall be required to name the **Township of Lower** as an "Additional Insured" on the User's policy of commercial general liability insurance, and simultaneously with the delivery of the executed Street Closure Request Form, **USER** shall provide the **Township of Lower** with a Certificate of Insurance indicating that the insurance coverage as described in the attached schedule, and as is appropriate for the type of use and hazards present, has been obtained and that the Township has been designated as an "Additional Insured" where required. On or before the renewal date of said policy, **USER** shall be required to provide the **Township of Lower** with a Certificate of Insurance indicating the continuation of insurance coverage and designating the **Township of Lower** as an "Additional Insured" for the duration of this Agreement, specifically the closure of the public street.

The schedule of insurance and the limits of liability for the insurance shall provide coverage for not less than the amounts listed in the attached schedule or greater where required by law.

User (Signature)

Township Representative (Signature)

User (Print)

Township Representative (Print)