



SPECIAL EVENT APPLICATION

City of Decorah
 400 Claiborne Drive
 Decorah, IA 52101
 (563) 382-3651
 ksand@decorah.iowa.gov

INSTRUCTIONS:

In accordance with Chapter 5.26 of the Decorah City Code, all applicants for a Special Event are to complete this application. The fully completed application must be submitted to the City Hall thirty (30) days prior to the event to be considered and reviewed by Council members and staff. Along with the completed application, the following items are also needed to complete the application process:

- Map of Proposed Special Event Area
- Certificate of Insurance - Evidence of liability insurance with the City of Decorah listed as **additional** insured in the amount of \$2,000,000
- Right of Way Permit
- Fee for event (\$25.00 per day of event.)

NAME OF SPECIAL EVENT PROMOTER:	NAME & PURPOSE OF THE SPECIAL EVENT:
ADDRESS OF EVENT:	PHONE & EMAIL: (REQUIRED)
DATES & HOURS OF EVENT:	PEDDLERS' LICENSE REQUIRED: YES: NO: (IF YES, PLEASE FILL OUT PEDDLERS' PERMIT AND SUBMIT WITH THIS FORM)
USE OF MOTORIZED VEHICLES (CHECK ONE IF APPLICABLE) : <input type="checkbox"/> Food Trucks (Fee of \$10 per food truck, per day) Number of Food Trucks _____ <input type="checkbox"/> UTV/ATV Number of UTV/ATV _____ <input type="checkbox"/> Golf Carts Number of Golf Carts _____ <input type="checkbox"/> Snowmobiles Number of Snowmobiles _____ <input type="checkbox"/> Other _____	
LIST ANY SUPPLIES NEEDED FROM THE CITY: 	
APPLICANT'S AFFIRMATION <i>The undersigned applicant acknowledges that the sign requested by way of this Application is entirely within the property at the location indicated; any survey work required for this determination is the sole responsibility of the applicant; that he/she is the owner of record or is duly authorized to represent the owner in the pursuit of this Application; and agrees to comply with the Special Event codes and regulations as established in Chapter 5.26 of the Decorah City Code and other zoning regulations as applicable.</i>	
Representative or Applicant Signature: _____ Date: _____	
OFFICE USE ONLY Date Submitted: _____ Date Paid: _____ Map Submitted: _____ Insurance Certificate Submitted: _____ ROW Permit Submitted: _____ Council Review: _____ Council Approval: _____ Issue Date: _____ Notes: _____	SPECIAL EVENT FEE: \$25.00 - PER DAY FOOD TRUCK FEE: \$10.00 - PER DAY AMOUNT DUE: Department Review: Police _____ Fire: _____ Street: _____ Utilities: _____ Park/Rec: _____ Other: _____

LIST OF REQUESTED STREET CLOSURES

Street/Alley	Location - From	Location - To	Date(s)	Hours
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				



Permit Application for Work Within City Right-of-Way (ROW)

Return to:
 400 Claiborne Drive
 PO Box 138
 Decorah, IA 52101
 T: (563) 382-3651
 F: (563) 382-6525

Permittee
(Owner of the work to be done within right-of-way)
Property Owner
Street Address
City/State/Zip Code
Contact Person
Phone Number
Email Address

Contractor
(Person of company performing work for permittee)
Company Name (Enter SELF if private individual)
Street Address
City/State/Zip Code
Contact Person
Phone Number
Email Address

Fee Schedule
(Only apply highest fee for applicable work)
<input type="checkbox"/> Utility Work (\$30)
<input type="checkbox"/> Street Repair (\$30)
<input type="checkbox"/> Street Closure (N/A)
<input type="checkbox"/> ROW Obstruction (\$10)
<input type="checkbox"/> Driveway Culvert (N/A)
<input type="checkbox"/> Driveway (N/A)
<input type="checkbox"/> Sidewalk (N/A)
<input type="checkbox"/> Boulevard Planting (N/A)
<input type="checkbox"/> Curb and Gutter (N/A)

Work Information	
(Please review the applicable City Code and/or SUDAS sections for specific requirements for the type(s) of work being proposed)	
Type of Work (check all that apply):	
<input type="checkbox"/> Street, Alley, or Lane Closure (Ch. 5.04.290)	<input type="checkbox"/> ROW Obstruction (Ch. 5.04.290, 12.20)
<input type="checkbox"/> Utility Work (Ch. 12.48, 13.04, 13.16, 13.18, 13.24, 16.04.180)	<input type="checkbox"/> Driveway Culvert (Ch. 16.04.180.G)
<input type="checkbox"/> Street Repair (Ch. 12.12)	<input type="checkbox"/> Boulevard Planting/Structure (Ch. 12.08, 12.40)
<input type="checkbox"/> Driveway (Ch. 12.28.030, SUDAS 7030)	<input type="checkbox"/> Curb and Gutter (Ch. 12.12, 12.48, 16.04.180.C)
<input type="checkbox"/> Sidewalk (Ch. 12.28)	<input type="checkbox"/> Other
Address of Proposed Work	
Description of Work. Be specific, list proposed quantities and materials, provide a site plan/map of proposed work (see reverse side of this application), list beginning and end times for requested street closures.	
Anticipated Start Date	Anticipated Completion Date
<p>Applicant hereby applies for a permit to complete work within the right-of-way of the City of Decorah. Applicant acknowledges this permit must be approved prior to commencement of work and only covers the work described herein. Applicant has reviewed and is familiar with the provisions of applicable City and State codes, to include all applicable zoning standards and will comply with the same. Applicant will defend, indemnify, protect, and save harmless the City and its employees from any and all liability, from any claim or cause of action which any person may have or claim to have by any reason of any actual or alleged failure on the part of the applicant to comply with the terms and provisions thereof. Applicant agrees that all work will follow current Americans with Disabilities Act (ADA) standards. Applicant agrees to use signage meeting current Manual on Uniform Traffic Control Devices (MUTCD) requirements for any street, alley, lane, and/or sidewalk closure or other ROW obstruction. Applicant is responsible for notifying, locating (Iowa One Call, 1-800-292-8989), and protecting all utilities within the project area, and any damage will be the sole responsibility of the applicant. Applicant understands that all City property and/or rights-of-way shall be restored to current standards, original condition, or as otherwise approved by City Staff. Applicant agrees to adhere to the plans as submitted and approved by the City and will provide notification of any change prior to construction. Applicant agrees to relocate or remove, at the applicant's expense, any utilities, plantings, structures, or other facilities in the ROW if the City determines said items to interfere with an essential corporate purpose of the City. Applicant hereby certifies they have read and examined this application and its attachments and know the same to be complete, true, and correct.</p>	
Signature of Applicant or Representative	Printed Name
	Title/Position
	Date

Required Attachments
<input type="checkbox"/> Insurance Certificate
<input type="checkbox"/> Bond (if required by City)
<input type="checkbox"/> Site Plan
<input type="checkbox"/> Fee (see Fee Schedule above)

OFFICE USE ONLY
Date Received/Paid
Water/Sewer Dept:
<input type="checkbox"/> Approved <input type="checkbox"/> N/A
Initials ___ Date _____
IT Department:
<input type="checkbox"/> Approved <input type="checkbox"/> N/A
Initials ___ Date _____
Engineering/Streets:
<input type="checkbox"/> Approved <input type="checkbox"/> N/A
Initials ___ Date _____
Police Department:
<input type="checkbox"/> Approved <input type="checkbox"/> N/A
Initials ___ Date _____
Fire Department:
<input type="checkbox"/> Notified <input type="checkbox"/> N/A
Hospital/EMS:
<input type="checkbox"/> Notified <input type="checkbox"/> N/A
Approval Signature
Date Approved

Site Plan

Provide a site plan of the proposed ROW work or attach a separate site plan to this application. Site plans shall be drawn to scale with north arrow, dimensions, street names, etc.