

Street Closure Permit Application

1. Event Sponsor

Name: ONTON RIVER SPORTS	Email: TRISTAN@ONTONRIVER.COM
Address: 20 LANGDON ST MONTPELIER VT 05602	
Cell Phone: 802-229-9409	Other Phone: "

2. Event Details

Name of Event: AUTUMN ONTON 5K RUN	
General description of the event (1 to 3 sentences): A 5K RUN THROUGH DOWNTOWN MONTPELIER.	
Date of Event: 10-29-2017	Start and End Time of Event: 7AM 1PM
Street(s) to be Closed - Please provide a sketch of the event layout. LANGDON ST.	
Time Street will close (recommend up to an hour before event): 6AM	Time Street will reopen (recommend 30 minutes after the event ends): 1:30 PM
Number of Staff/Volunteers on site for Event: 15	
Number of people expected at event: 100-150	Number of vendors and/or entertainers who will participate: 1

3. Community Support

Is this a reoccurring event in Montpelier? YES	If no, do you have experience elsewhere with such events? Please explain.
How does this event benefit the public (as outlined in the Street Closure Policy)? PROMOTES A HAPPY + HEALTHY ACTIVE LIFESTYLE.	

4. Public Safety and Public Health

Please describe any discussions or arrangements that the Event Sponsor has made with public safety or public works professionals in Montpelier.

AS ALWAYS WE HAVE A GREAT RELATIONSHIP WITH THE MONTPELIER POLICE AND FIRE DEPTS WE NOTIFY AND HAVE THEM SUPPORT OUR INTERSECTIONS ON THE DAY

What arrangements have been made for food, water, and toilet facilities (if applicable)?

WE PROVIDE WATER + FOOD AS WELL AS ONSITE PORTO-LETT.

What arrangements have been made to assure that litter will be cleaned up and disposed of and that trash and recycling containers will be provided?

WE MAKE SURE ALL GRABBER + WASTE IS CLEANED UP. WE HAVE ON SITE DUMPSTERS + RECYCLING.

If additional law enforcement officials will be hired for your event, please list:

NO ADDITIONAL NEEDED.

Please note any other unique aspects of this event:

RUNNERS WILL BE DRESSED UP IN UNIQUE HALLOWEEN COSTUMES.

Will noise levels or hours exceed the city's noise ordinance? If so, will this event require a request for variance from the noise ordinance?

5. Accessibility

As this event will take place on public property, I, as the Event Sponsor, attest that this event and all related programming and facilities meet the Americans with Disabilities Act accessibility requirements. These requirements are available at the City's website.

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TRISTAN VON DUNIZ

8-31-17

Signature

Printed Name

Date

6. Signature

I, the undersigned, certify that the information provided above is valid and I will abide by any additional provisions note by Officials below. I acknowledge that I have read and understand the Montpelier Street Closure policy and that I am responsible for compliance with all requirements contained in that policy. I also agree to be onsite for the duration of the above mentioned street closure.



TRISTAN VON DUNIZ

8-31-17

Signature

Printed Name

Date

Notice Documentation

Name of Event: AUTUMN OXTON 5K RUN	
Date of Event: 10-29-17	Start and End Time of Event: 7AM - 1 PM
Street(s) to be Closed: LANGDON ST.	
Time Street will close (recommend up to an hour before event): 7AM	Time Street will reopen (recommend 30 minutes after the event ends): 1:30
Date of City Council Meeting to consider permit request:	
Describe Efforts made to notify residents and businesses along the street to be closed. Notification must include both the date/time of the proposed event and the date/time of the City Council meeting where the street closure will be considered. WE ALWAYS GIVE ALL OUR NEIGHBORING BUSINESSES A VERBAL + HANDWRITTEN LETTER NOTIFYING THEM OF STREET CLOSURE + EVENT.	

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<p>Reviewed by: <u>Robert Gowans</u> Print Name</p> <p><u>[Signature]</u> Signature</p> <p><u>9-1-17</u> Date</p>	<p><input checked="" type="checkbox"/> Reviewed – recommend approval with no conditions <input type="checkbox"/> Reviewed – recommend approval with conditions:</p> <p><input type="checkbox"/> Reviewed – do not recommend approval</p>
MONTPELIER ALIVE	
<p>Reviewed by: <u>Ashley Witz</u> Print Name</p> <p><u>[Signature]</u> Signature</p> <p><u>Sept 8, 2017</u> Date</p>	<p><input type="checkbox"/> Reviewed – recommend approval with no conditions <input type="checkbox"/> Reviewed – recommend approval with conditions:</p> <p style="text-align: center;"><u>Must notify businesses</u> <u>conditional approval</u></p> <p><input type="checkbox"/> Reviewed – do not recommend approval</p>
OTHER	
<p>Reviewed by:</p> <p>_____ Print Name</p> <p>_____ Signature</p> <p>_____ Date</p>	<p><input type="checkbox"/> Reviewed – recommend approval with no conditions <input type="checkbox"/> Reviewed – recommend approval with conditions:</p> <p><input type="checkbox"/> Reviewed – do not recommend approval</p>

This permit request was reviewed at the _____ City Council

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FOR OFFICIAL USE ONLY

The following parties have reviewed and approved:

POLICE	
<p>Reviewed by:</p> <p style="text-align: right; margin-right: 20px;"><i>Captain</i></p> <p><i>NEIL MORGEL</i></p> <p>Print Name</p> <p><i>[Signature]</i></p> <p>Signature</p> <p><i>9/6/17</i></p> <p>Date</p>	<p><input checked="" type="checkbox"/> Reviewed – recommend approval with no conditions</p> <p><input type="checkbox"/> Reviewed – recommend approval with conditions:</p> <p style="margin-left: 40px;"><i>Police will ASSIST AT BAILY AVE & STATE ST AT RACE START, Marshalls will Control & ASSIST RUNNERS ON THE RETURN ON RACE COURSE</i></p> <p><input type="checkbox"/> Reviewed – do not recommend approval</p>
PUBLIC WORKS	
<p>Reviewed by:</p> <p><i>Thomas McArdle</i></p> <p>Print Name</p> <p><i>[Signature]</i></p> <p>Signature</p> <p><i>9/11/17</i></p> <p>Date</p>	<p><input checked="" type="checkbox"/> Reviewed – recommend approval with no conditions</p> <p><input type="checkbox"/> Reviewed – recommend approval with conditions:</p> <p><input type="checkbox"/> Reviewed – do not recommend approval</p>
FIRE DEPARTMENT	

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meeting. This permit request was: (MONTH/DAY/YEAR)
September 27, 2017

APPROVED DENIED