



CITY COUNCIL Agenda Item #18-291(c)

Date: October 3, 2018

Consent X Discussion _____

SUBJECT: Street Closure Permit Application, Kent Street Neighborhood Party, 10/13

SUBMITTING DEPARTMENT: City Manager's Office

RECOMMENDED ACTION: Approve application from Aaron Ancel for the closure of Kent Street for the Kent Street Neighborhood Party on Saturday, October 13th from 3 PM – 9:30 PM.

STRATEGIC OUTCOME/INITIATIVE: Inclusive, Equitable and Welcome Community

PRIOR ACTION: N/A

EXPENDITURE REQUIRED: N/A

SOURCE OF FUNDS: N/A

LEGAL REQUIREMENTS: Requests for street closures requires Council approval.

BACKGROUND INFORMATION: N/A

SUPPORTING DOCUMENTS: Street Closure Application

INTERESTED PARTIES: Applicant; Residents; Fire; Police and Public Works

CITY MANAGER'S APPROVAL:

A handwritten signature in black ink, appearing to read "W. J. [unclear]", is written over the City Manager's Approval line.



Special Event / Street Closure Permit Application

1. Event Sponsor

Name: Aaron Ancel	Email:
Address:	
Cell Phone:	Other Phone:

2. Event Details

Name of Event: Kent Street Neighborhood Party	
General description of the event (1 to 3 sentences): First Annual neighborhood potluck party. Closure of 1/3 of Kent St. from 25 Kent to 20 Kent. Closure will directly impact access to 4 residences driveways (see attached map). All other parts of Kent St. will be accessible at all times through Ridge St.	
Date of Event: Oct. 13, 2018	Start and End Time of Event: 3PM - 9PM
Street(s) to be Closed - Please attach a sketch of the event layout. SEE ATTACHED MAP	
Time Street will close (recommend up to an hour before event): 3 PM	Time Street will reopen (recommend 30 minutes after the event ends): 9:30 PM
Number of Staff/Volunteers on site for Event: N/A	
Number of people expected at event: 50+	Number of vendors and/or entertainers who will participate: N/A
Name of General liability insurance carrier – Please attach proof of insurance. (General liability insurance for Special Events in the downtown area must be obtained by the Event Sponsor.) N/A	

3. Community Support

<p>Is this a reoccurring event in Montpelier?</p> <p>This will be the first one for Kent St. neighbors.</p>	<p>If no, do you have experience elsewhere with such events? Please explain.</p> <p>Neighbors involved and I have been attending similar events in the past and have asked for advice from the organizers.</p>
<p>How does this event benefit the public (as outlined in the Street Closure Policy)?</p> <p>It will give an opportunity for neighbors to meet for the first time. There are many new neighbors that have purchase their property in the past 6 months.</p>	

4. Public Safety and Public Health

<p>Please describe any discussions or arrangements that the Event Sponsor has made with public safety or public works professionals in Montpelier.</p> <p>Is my understanding that this is handled by the permit process but will be happy to reach out to police, fire and public works if necessary.</p>
<p>What arrangements have been made for food, water, and toilet facilities (if applicable)?</p> <p>It will be handled by the neighbors and surrounding residences who will provide access to facilities and water. Food will be potluck.</p>
<p>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?</p> <p>All neighbors involved will have trashcans, recycling bins and compost buckets available.</p>
<p>If additional law enforcement officials will be hired for your event, please list:</p> <p>n/a</p>
<p>Please note any other unique aspects of this event:</p> <p>None</p>
<p>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?</p> <p>n/a</p>



Special Event / Street Closure Permit Application

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.

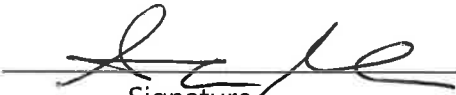

Signature

ARON ANSEL
Printed Name

9/12/18
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.


Signature

ARON ANSEL
Printed Name

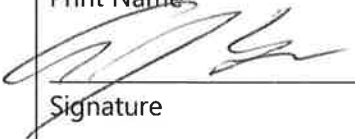

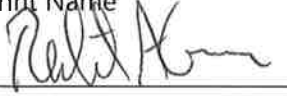
9/12/18
Date

Notice Documentation

Name of Event: Kent Street Neighborhood Party	
Date of Event: Oct. 13, 2018	Start and End Time of Event: 3PM - 9PM
Street(s) to be Closed: Kent St. between 25 and 20.	
Time Street will close (recommend up to an hour before event): 3PM	Time Street will reopen (recommend 30 minutes after the event ends): 9:30PM
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. Each resident on Kent St. that will be affected has been notified and plans to be involved with the event.	

FOR OFFICIAL USE ONLY

The following parties have reviewed and approved:

POLICE	
Reviewed by: <i>Anthony J. Facos</i> Print Name  Signature <i>09/17/2018</i> Date	<input type="checkbox"/> Reviewed – recommend approval with no conditions <input checked="" type="checkbox"/> Reviewed – recommend approval with conditions: <i>As stated in application.</i> <input type="checkbox"/> Reviewed – do not recommend approval
PUBLIC WORKS	
Reviewed by: <i>THOMAS McARDLE</i> Print Name  Signature <i>9/26/18</i> Date	<input checked="" type="checkbox"/> Reviewed – recommend approval with no conditions <input type="checkbox"/> Reviewed – recommend approval with conditions: <i>use proper street closure barricades</i> <input type="checkbox"/> Reviewed – do not recommend approval
FIRE DEPARTMENT	
Reviewed by: <i>Robert Gowers</i> Print Name  Signature <i>9.17.18</i> Date	<input type="checkbox"/> Reviewed – recommend approval with no conditions <input checked="" type="checkbox"/> Reviewed – recommend approval with conditions: <i>Maintain Emergency Vehicle Access</i> <input type="checkbox"/> Reviewed – do not recommend approval

Special Event / Street Closure Permit Application

MONTPELIER ALIVE	
Reviewed by: <hr/> Print Name <hr/> Signature <hr/> Date	<input type="checkbox"/> Reviewed – recommend approval with no conditions <input type="checkbox"/> Reviewed – recommend approval with conditions: <input type="checkbox"/> Reviewed – do not recommend approval
OTHER	
Reviewed by: <hr/> Print Name <hr/> Signature <hr/> Date	<input type="checkbox"/> Reviewed – recommend approval with no conditions <input type="checkbox"/> Reviewed – recommend approval with conditions: <input type="checkbox"/> Reviewed – do not recommend approval

This permit request was reviewed at the _____ City Council meeting.
 (MONTH/DAY/YEAR)

This permit request was: APPROVED _____ DENIED _____



CL059

