



City of Muncie – Dept. of Public Works
5790 W Kilgore Av. Muncie, IN 47304
Telephone: 765-747-4878 Fax: 747-4794

PROCEDURES

THIS FORM IS TO BE USED TO APPLY FOR PARADE, WALKS OR STREET CLOSINGS FROM THE BOARD OF PUBLIC WORKS AND SAFETY OF THE CITY OF MUNCIE, IN ACCORDANCE WITH ORDINANCE #96.42 AND #96.44

1. Three (3) copies of the application must be filled out and submitted to Muncie Police Chief's and/or Ball State University Campus Police Chief's Office as well as the Muncie Fire Chief's Office for each permit requested. If an event incorporates the use of the Cardinal Greenway, approval must be obtained from the Director.
2. The Parade Route, Procession Route or Street Closing information must be provided in sufficient detail to allow a member of the police department to locate such from the information given on this application.
3. A diagram of the Parade route showing location must accompany the application.
4. **All Street-closing permits must have prior notice of at least 60 days.**
5. **All parades/procession permits must have prior notice of at least 60 days.**
6. **All applications requiring police security/coverage for their event must request such police presence 60 days or more prior to the event date. The Police Chief or designated agent will determine any cost for requested police personnel.**
7. After approval from the Muncie Police Chief's Office and/or Ball State University Campus Police Chief's Office, the Muncie Fire Chief, and the Cardinal Greenway Director, if needed, return application to the City Engineer's Office, 5790 W. Kilgore Avenue, Muncie, Indiana 47304 for consideration by the Board of Public Works and Safety.
8. **Proof of Liability Insurance *MUST* be attached to application** prior to Board of Works Approval. Public liability insurance in an amount not less than three hundred thousand dollars (\$300,000) for property damage and three hundred thousand dollars (\$300,000) for injury to any one (1) person, and one million dollars (\$1,000,000) for any one (1) occurrence.
9. An **indemnity agreement** must be signed by an authorized representative of the organization requesting a permit.
10. **NOTE:** The Board of Public Works and Safety meets **every Wednesday at 9:00 a.m.** in the Auditorium of the City Hall - First Floor, 300 North High Street, Muncie, Indiana 47305. Applicants are requested to attend Board of Public Works and Safety Meeting. If this request requires closure of Streets for the first-time event, the applicant must attend in order to speak to the basis for the request. Failure to appear will result in a denial of the application.
11. Upon submission of application to the Board of Public Works and Safety, there will be a charge of \$20.00 for a Right-of-Way Use Permit. Check or Cash is accepted.
12. After the Board of Public Works and Safety's Approval, a copy of the Street Closing or Parade/Procession permit will be mailed back to the applicant at the mailing address supplied in this application.
13. Clean up after a parade or procession is the responsibility of the applicant.



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SIGNATURES OF APPROVAL:

Muncie Police Chief	Muncie Fire Chief	BSU Campus Police Chief	Cardinal Greenway
Date	Date	Date	Date

**Application for Street Closing/Parade & Procession
PRINT INFORMATION CLEARLY**

Organization: _____

Permit Requested by: _____

Mailing Address: _____ Res. Phone _____
 _____ Work Phone _____
 _____ Cell Phone _____

Date of St. Closing/Parade Or Procession _____ Rain Date _____

Time of St. Closing/Parade Or Procession _____ Duration of Time _____

() **STREET CLOSING SECTION;** street(s) to be closed:

- _____ from _____ to _____
- _____ from _____ to _____
- _____ from _____ to _____
- _____ from _____ to _____
- _____ from _____ to _____
- _____ from _____ to _____
- _____ from _____ to _____

Reason for Closing Street(s) _____

Have you sponsored this event in the past? _____

If so, how many years? _____



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You must appear in person at the meeting of the Board of Public Works and Public Safety before the request will be approved.

() **PARADE/PROCESSION SECTION**

Type of Police Units Requested: () Police Cars

Route of Parade or Procession: _____

Proof of Liability Insurance _____
(Please attach copy) (Carrier) (Policy #) (Coverage period)

Non Profit Status of Organization/Event: _____

Applicant's Name: _____
(Print clearly) (Date)

(Signature)

Application Fee of \$20.00 due at submission to the Board of Public Works and Safety
Acceptance of Cash or Check (Make check payable to the CITY OF MUNCIE)

Paid in Full [] Yes Right-of-Way Use Permit No. _____
[] No Receipt No. _____

Board of Public Works and Safety

Approval Date: _____, 20__

Linda Gregory, President

Jerry Wise, Vice-President

Ted Baker, Secretary

Date Denied: _____, 20__



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Clean up is the responsibility of the Applicant. Failure to abide with this clause may result in denial of future events.

Indemnity Agreement:

In consideration of the issuance of a Right-of-Way Use Permit as requested by the undersigned applicant, the undersigned agrees to indemnify, defend, and hold harmless the City of Muncie, Indiana, its officials, agents and employees from any liability due to loss, damage, injuries or other casualties of any kind, to the person or property of anyone on or off the right-of-way arising out of, or resulting from the issuance of the permit or the work activity therewith, or from the work or activity undertaken there under, whether due in whole in part to the negligent acts or omissions of the City, its officials, agents, or employees, or the applicant, his agents, contractors or employees or other persons engaged in the performance of the work or activity, or the joint negligence of any of them, including any claims arising out of the workman's compensation act or any other law, ordinance, order, or decree, for a period of the applicable statute of limitations. The applicant shall pay all reasonable expenses and attorney fees incurred by or imposed on the City in connection herewith in the event that the applicant shall default under the provisions of the indemnity agreement.

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant _____

Print Name: _____

Date: _____

Witness: _____

(Signature)

(Print Name)

(Date)