

**REQUEST FOR TEMPORARY CLOSING/SPECIAL USE OF STATE ROAD**

- Instructions: 1. Obtain signatures of local law enforcement and city/county officials.  
2. This form must be submitted by the local governmental authority to FDOT to obtain written approval. Allow adequate time for the review.  
3. Attach any necessary maps or supporting documents.

NAME OF ORGANIZATION <i>City of Webster</i>		PERSON IN CHARGE <i>Chief D.L. Johnson</i>		DATE <i>10-09-09</i>
ADDRESS OF ORGANIZATION <i>71 SE 1st Street, Webster, FL, 33597</i>			TELEPHONE NUMBER <i>352-793-2073</i>	
TITLE OF EVENT <i>ANNUAL Christmas PARADE</i>				
DATE OF EVENT <i>12-12-09</i>	STARTING TIME OF EVENT <i>5:50 PM</i>	DURATION OF EVENT (APPROX.) <i>App. 45 minutes</i>	ACTUAL CLOSING TIME (INCLUDING SETTING UP BARRIERS, ETC.) <i>5:45 PM</i>	
PROPOSED ROUTE (INCLUDE STATE ROAD NUMBER, SPECIFIC LOCATION, ETC. - INCLUDE MAPS) <i>Start AT Sumter Co Farmers Market &amp; going South on SR 471 to CR 478 (SE 1st Ave) AND Ending AT SE 2nd Street.</i>				
DETOUR ROUTE (INCLUDE ALTERNATE ROUTES - INCLUDE MAPS) <i>WEST ON CR 478A, North on CR 743, West on CR 740, North on CR 747, East on CR 722 to SR 471</i>				
NAME OF DEPT. RESPONSIBLE FOR TRAFFIC CONTROL, ETC. (CITY POLICE, SHERIFF'S DEPT., FLORIDA HWY. PATROL, ETC.) (INCLUDE PRECINCT NO.) <i>City of Webster Police Dept + Sumter County Sheriff's Dept</i>				
SPECIAL CONDITIONS <i>1) Each Intersection Along Detour Route to have signs and/or personnel to direct 2) Intersections of SR 471 + 722; CR 478 + 747; CR 471 + CR 478A to have Law Enforcement officers to direct Traffic</i>				
THIS SECTION IS TO BE COMPLETED WHEN PERMITTING SPECIAL USE OF A STATE ROAD FOR FILMING				
LICENSED PYROTECHNICS OPERATOR _____ LICENSE NO. _____				
APPROVAL OF LOCAL FIRE DEPARTMENT _____				
LIABILITY INSURANCE CARRIER _____ POLICY EFFECTIVE DATE _____				
COVERAGE AMOUNT _____ (\$1,000,000 MINIMUM)				
LENGTH OF COVERAGE _____ DAYS				
FEDERAL AVIATION ADMINISTRATION APPROVAL FOR LOW FLYING FILMING _____				
ADDITIONAL LIABILITY INSURANCE AMOUNT _____ (\$5,000,000 MINIMUM)				
TYPED NAME AND TITLE (INCLUDE BADGE NO. IF APPROPRIATE) <i>DENNIS L. JOHNSON / Chief</i>		SIGNATURE OF CHIEF OF LAW ENFORCEMENT AGENCY <i>Chief Dennis L. Johnson</i>		DATE SIGNED <i>10-09-09</i>
TYPED NAME AND TITLE OF CITY/COUNTY OFFICIAL <i>Stephen P. Croft / Mayor</i>		SIGNATURE OF CITY/COUNTY OFFICIAL		DATE SIGNED