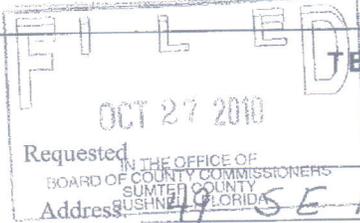


Request must be submitted to Public Works a minimum of three week prior to date of request.

Sumter County Board of County Commissioners

910 North Main Street, Bushnell, FL 33513

Phone: (352) 793-0200 * Fax: (352) 793-0207



TEMPORARY ROAD CLOSING REQUEST

Date: 10/14/10

Requested Address: 49 SE 1st St.

Phone & Fax #: 352-793-2073 352-793-8006

City, St, Zip Webster, FL 33597

Email Address: wpd501@cfl.rr.com

Organization: City of Webster

Date(s) Requested: DECEMBER 11, 2010

*Road(s) or Portion to be Closed: See Attached SE Permit App.

*If Parade - Detailed Route: See Attached SA Permit App.

*Attach map as applicable

Requested Time for Road Closure:

Requested Assistance or Equipment from Public Works

Date:

County Maint to provide Detour Signs & covers (County to put up signs & cover prior to event.)

We understand that any request approved will be upon the following terms and conditions:

1. We shall be responsible for all safety and maintenance requirements in connection with the event.
2. We shall indemnify and hold the County harmless as to any liability which may result from any aspect of the event.
3. We shall be responsible for clean-up work which may be required as a result of the event.
4. It is understood that any request approved by the County shall in no way be construed by us to allow our event to take place on a State Road, and that any request approved is limited to the portion of the County Road described.
5. We agree that we shall make every effort for all participants in the event to comply with all state and local laws, and that the County Road mentioned above will be closed to the public only the day and time mentioned above, but not in excess of _____ hours.

Our signature below indicates our agreement to these terms and conditions.

DENNIS L. JOHNSON
Printed Name

This request was approved in open session of the County Commissioners meeting, this _____ day of _____, 20____.

Attest: Gloria R. Hayward
Clerk & Auditor

Board of County Commissioners
Sumter County

By:

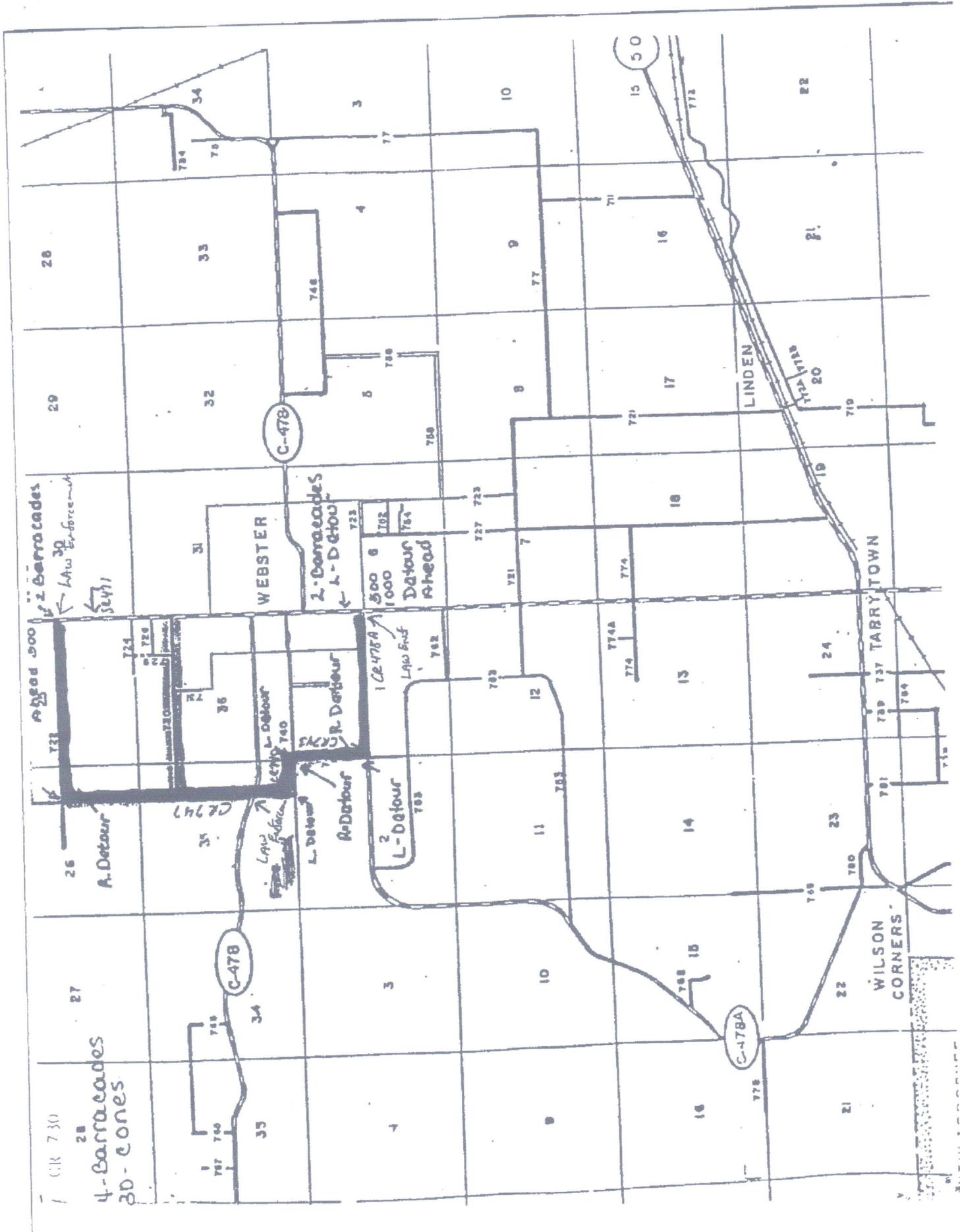
Deputy Clerk

Chairman

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>10/14/10</i>
ADDRESS OF ORGANIZATION <i>49 SE 1st St., Webster, FL 33597</i>			TELEPHONE NUMBER <i>352-793-2073</i>	
TITLE OF EVENT <i>ANNUAL Christmas Parade</i>				
DATE OF EVENT <i>12/11/10</i>	STARTING TIME OF EVENT <i>5:50 PM</i>	DURATION OF EVENT (APPROX.) <i>App 45 min</i>	ACTUAL CLOSING TIME (INCLUDING SETTING UP BARRIERS, ETC.) <i>5:45</i>	
PROPOSED ROUTE (INCLUDE STATE ROAD NUMBER, SPECIFIC LOCATION, ETC. - INCLUDE MAPS) <i>Start as Sumter Co Farmer's MKT. & going South on SR 471 to CR 478 (SE 1st Ave) AND ending at S.E. 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 Sheriffs Dept</i>				
SPECIAL CONDITIONS <i>1. Each Intersection Along Detour Route to have signs & personnel for direct traffic 2. Intersection of SR 471 & 722; CR 478 & 747; SR 471 & CR 478A to have Law Enforcement officer 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>[Signature]</i>		DATE SIGNED <i>10/14/10</i>
TYPED NAME AND TITLE OF CITY/COUNTY OFFICIAL <i>Stephen P. Croft / Mayor</i>		SIGNATURE OF CITY/COUNTY OFFICIAL <i>[Signature]</i>		DATE SIGNED <i>10/14/10</i>



CR 730

4 - Barricades
30 - 40

2 Barricades
30 - 40
Law Enforcement
3/4/71

27

A. Detour

C-478

L. Detour

R. Detour

2 - Detour

1 - Detour

2 - Barricades
L. Detour

C-478

WEBSTER

L. Detour

500
1000
Detour
Ahead

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C-478A

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WILSON
CORNERS

TABBY TOWN

LINDEN

RR

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