

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
TEMPORARY CLOSING OF STATE ROAD PERMIT

Date: _____

Permit No. _____

Governmental Entity

Approving Local Government	City of Dade City	Contact Person	Bob Shaw
Address	38020 Meridian Ave, Dade City, FL 33525		
Telephone	352-523-5050	Email	Rshaw@dadecityfl.com

Organization Requesting Special Event

Name of Organization	Contact Person
Address	
Telephone	Email

Description of Special Event

Event Title	Date of Event
Start Time	End Time
Event Route (attach map)	
Detour Route (attach map)	

Law Enforcement Agency Responsible for Traffic Control

Name of Agency	DADE CITY POLICE
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US Coast Guard Approval for Controlling Movable Bridge

Not Applicable	<input checked="" type="checkbox"/>
Copy of USCG Approval Letter Attached	<input type="checkbox"/>
Bridge Location	

The Permittee will assume all risk of and indemnify, defend and save harmless the State of Florida and the FDOT from and against any and all loss, damage, cost or expense arising in any manner on account of the exercise of this event.

The Permittee shall be responsible to maintain the portion of the state road it occupies for the duration of this event, free of litter and providing a safe environment to the public.

Signatures of Authorization

Event Coordinator	Robert B. Shaw	Signature	Date
Law Enforcement Name/Title	Ray Velboom, Chief of Police	Signature	Date
Government Official Name/Title	William Poe, City Manager	Signature	Date

FDOT Special Conditions

FDOT Authorization

Name/Title	Signature	Date
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