

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

Date: \_\_\_\_\_

Permit No. \_\_\_\_\_

**Governmental Entity**

Approving Local Government	<u>City of Jacksonville Dept. of Public Works</u>	Contact Person	_____
Address _____			
Telephone	_____	Email	_____

**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	_____
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**US Coast Guard Approval for Controlling Movable Bridge**

Not Applicable	<input 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	_____	Signature	_____	Date	_____
Law Enforcement Name/Title	_____	Signature	_____	Date	_____
Government Official Name/Title	_____	Signature	_____	Date	_____

**FDOT Special Conditions**

_____
_____
_____

**FDOT Authorization**

Name/Title	_____	Signature	_____	Date	_____
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