



### APPLICATION PROCESS FOR THE CLOSING OF STREETS

1.	Complete Application Form Below
2.	Submit to Traffic Department – <a href="mailto:pdegruchy@overstrand.gov.za">pdegruchy@overstrand.gov.za</a> or <a href="mailto:xtitus@overstrand.gov.za">xtitus@overstrand.gov.za</a>

Date of Application: \_\_\_\_\_

Name of Organization or Individual: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Physical Address of Organization: \_\_\_\_\_

Cell / Ph nr. \_\_\_\_\_

E-mail address: \_\_\_\_\_

Road(s) to be closed \_\_\_\_\_

Date of Road Closure: \_\_\_\_\_ Time from: \_\_\_\_\_ to: \_\_\_\_\_

COMMENT FROM TRAFFIC DEPARTMENT:
NAME OF OFFICIAL: _____
SIGNATURE: _____
DATE: _____

**Permission is granted subject to the following conditions**

1. That the utilisation of the area is at your own risk;
2. that you indemnify the municipality in writing against any claims that might arise;
3. that you will be held liable for any damages to the area, which may occur during the road closure
4. that the written completed indemnification reaches the office of the Area Manager before the commencement of the road closure
5. that in the event of temporary structures being erected, a temporary structure plan be handed in at the Building Control Department, and the necessary procedures be adhered to;
6. that any structures that were erected/placed by you on the site, be removed immediately after the road closure;
7. that the terrain be cleaned up after road closure
8. that sufficient chemical toilets be provided if/where no/insufficient ablution facilities are available.

**INDEMNITY DOCUMENT**

I, .....  
(Full name)

of .....  
(Full name of institution)

I hereby indemnify and keep the Municipal Council of Overstrand Municipality indemnified against all actions, proceedings, claims and demands, costs, damages and expenses which may be levied, brought, imposed or made against Overstrand Municipal Council on account of such Council having granted permission for the holding of the above stated event.

.....  
**SIGNATURE**

.....  
**DATE**

**WITNESSES:**

1. ....
2. ....

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**Office Use Only**

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**Application status:**

Approved	
Yes	No
<i>Mark with X</i>	

\_\_\_\_\_  
**A WYNGAARD:**  
**SENIOR MANAGER: HERMANUS ADMINISTRATION**

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