

COUNTY OF EL DORADO DEPARTMENT OF TRANSPORTATION



APPLICATION FOR ROAD CLOSURE

THIS APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE ROAD CLOSURE DATE

APPLICATION RECEIVED BY: SW DATE: 10-22-09
 TITLE OF EVENT: Parade of Lights
 TYPE OF EVENT: Parade of Lights
 SPONSORING ORGANIZATION: Cooperstown Community
 ESTIMATED NUMBER OF PARTICIPANTS: 300
 DATE OF ROAD CLOSURE: 12/05/09 Saturday
 START TIME: 2 pm COMPLETION TIME: 8 pm
 ROAD(S) TO BE CLOSED: Main St Coleson

NOTE: THE ATTACHED SUPPLEMENTAL SHEET AND SKETCH SHALL BE COMPLETED IF MORE THAN ONE COUNTY ROAD IS TO BE CLOSED.

SUBMITTED BY: Peter Smith DATE: _____
 CONTACT PERSON: Peter Smith PHONE/FAX: 530 368-0522 Cell
 ADDRESS: PO Box 466 Coleson 530-333-4336 x11 office
333-4872 Fax

THE FOLLOWING CONDITIONS ARE REQUIRED FOR ALL ROAD CLOSURES:

1. The organizers shall provide a detailed signing and detour plan for any proposed closure of a major county road. This signing/detour plan should identify the type and location of all signs, barricades, cones, and flaggers. The plan must be attached to this application when it is submitted for review.
2. The organizers shall provide proof that the owners of the adjacent business along the road closure are in agreement with proposed closure. These agreements must be attached to this application when it is submitted for review.
3. The organizers shall be responsible for providing all signs, barricades, cones, flaggers, and traffic controls.
4. Wooden barricades shall be placed across the County road to close the road. Barricades shall also be placed across all intersecting roads to deny access to the closed road.
5. A "ROAD CLOSED" sign shall be placed at each barricaded intersection. Each sign shall measure at least 48 inches by 30 inches, with 8 inch black letters on a white background.
6. The organizers shall remove all signs, all pavement markings or other materials immediately following the event. The organizers shall also remove all debris deposited by participants and spectators.
7. The organizers shall provide a Certificate of Insurance, naming El Dorado County Department of Transportation additionally insured, in the amount of \$1,000,000.00 (one million dollars) as required by the El Dorado County Risk Manager.
8. To the fullest extent allowed by law the Organizer shall defend, indemnify, and hold the County harmless against and from any and all claims, suits, losses, damages, and liability for damages of every name, kind and description, including attorney's fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, County employees, and the public, or damage to property, or in anyway arise out of are connected with the work by the Organizer, his agents or employees including contractor's services, operation or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the County, the Organizer, contractor, subcontractor(s) and employee(s) or any of these, except for part of the sole, or active negligence of the County, its officers and employees, or as expressly prescribed by statute. This duty of the Organizer to indemnify and save the County harmless includes the duties to defined set forth in California Civil Code Section 2778.

SIGNATURE: [Signature] DATE: 10/22/09

I HAVE READ, ACKNOWLEDGE AND AGREE TO ALL OF THE ABOVE CONDITIONS WITH REGARD TO THIS ROAD CLOSURE.

Parade of Lights

School St ← temporary Detour for Parade

Park RR Park

Stamp Mill ← Parade Staging

Harkness

Post office

Orleans

Sherrif office

Fire Dept Christmas Tree

Machies Garage

South St

MAIN STREET

Placer

Traffic delay - slow during parade
IOOF

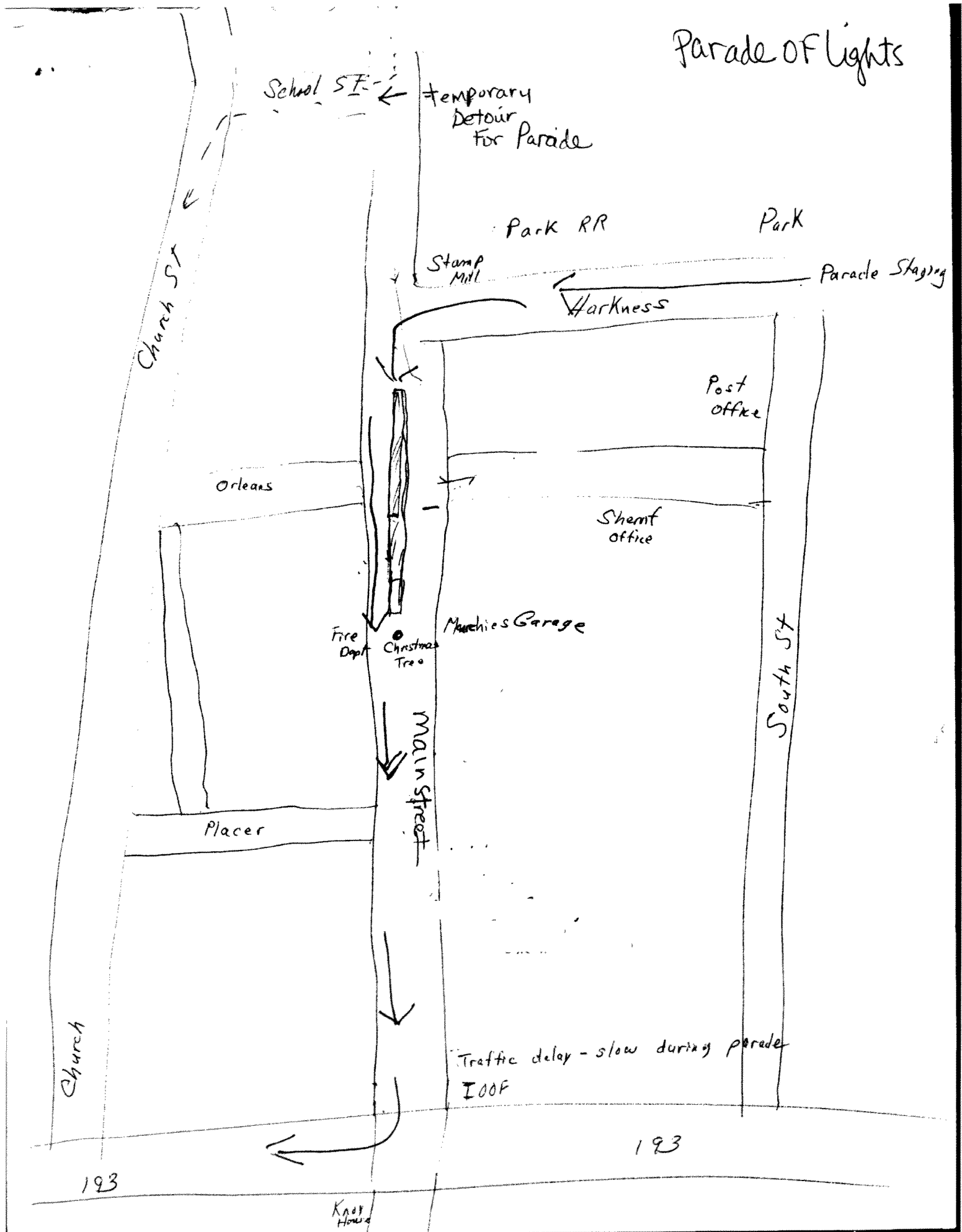
193

193

Kay House

Church

Church St



COUNTY OF EL DORADO

DEPARTMENT OF TRANSPORTATION



MAINTENANCE DIVISION:
2441 Headington Road
Placerville CA 95667
Phone: (530) 642-4909
Fax: (530) 642-9238

James W. Ware, P.E.
Director of Transportation

Internet Web Site:
<http://co.el-dorado.ca.us/dot>

MAIN OFFICE:
2850 Fairlane Court
Placerville CA 95667
Phone: (530) 621-5900
Fax: (530) 621-2030



October 22, 2009

Subject: Application for Road Closure
"Parade of Lights"

In accordance with Section 12.37.090 of the El Dorado County Ordinance Code,
The Department of Transportation respectfully requests your review.

This event is scheduled to be held on Saturday, December 5, 2009 from 2:00 pm to 8:00 pm. The road closure will be on Harkness Street and Main Street in Georgetown.

If you have any comments or concerns with this event, please respond to the contact person on the application and forward a copy to Development Services. If we do not receive comments by October 29, 2009 we will assume that your agency has no objection and the application will be given to the Board of Supervisors for their approval.

Sincerely,

A handwritten signature in cursive script that reads "Sheri Woodford".

Sheri Woodford
Sr. Development Technician
Land Development and Discretionary Review, DOT

A handwritten signature in cursive script, followed by the date "10/22/09". A diagonal line is drawn across the bottom of this section.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER LOCKTON COMPANIES, LLC-K CHICAGO
 525 W. Monroe, Suite 600
 CHICAGO IL 60661
 (312) 669-6900

INSURED All Active US Rotary Clubs & Districts
 Attn: Risk Management Department
 1560 Sherman Ave.
 Evanston IL 60201-3698

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: ACE American Insurance Company	22667
INSURER B: ACE Property & Casualty Insurance Co	20699
INSURER C:	
INSURER D:	
INSURER E:	

THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	PMIG23861355	7/1/2009	7/1/2010	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ XXXXXXXX
	<input checked="" type="checkbox"/> Liquor Liability				PERSONAL & ADV INJURY	\$ 2,000,000
	<input type="checkbox"/> Included				GENERAL AGGREGATE	\$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 4,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY	PMIG23861355	7/1/2009	7/1/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ XXXXXXXX
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$ XXXXXXXX
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$ XXXXXXXX
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT	\$ XXXXXXXX
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$ - XXXXXXXX
					AUTO ONLY: AGG	\$ XXXXXXXX
B	EXCESS/UMBRELLA LIABILITY	M00534092	7/1/2009	7/1/2010	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> UMBRELLA FORM					\$ XXXXXXXX
	RETENTION \$					\$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NOT APPLICABLE			WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ XXXXXXXX
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ XXXXXXXX
	OTHER				E.L. DISEASE - POLICY LIMIT	\$ XXXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The Certificate Holder is included as Additional Insured where required by written contract or permit subject to the terms and conditions of the General Liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER

El Dorado County Department of Transportation
 2850 Fairlane Ct.
 Placerville, CA 95667

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: *[Signature]*