



## Trail Closure Permit Application

401 N Morton St., Suite 250

Bloomington, IN 47404

(812) 349-3700 / parks@bloomington.in.gov

The City of Bloomington Parks and Recreation Department oversees the operation of multi-use trails throughout the City. Contractors and other parties wishing to conduct work along trails that will require vehicular access and full or partial closures must submit a Trail Closure Application Form and receive authorization from the Department before conducting work. Trail Closure applications will be reviewed by the Parks and Recreation and Engineering Departments for appropriateness, safety measures, and compliance with best practices. Please allow 5-7 business days for a closure application to be reviewed. The applicant must be bonded and insured with the City of Bloomington to obtain permits for work along trail corridors.

Please return this completed form to [parks@bloomington.in.gov](mailto:parks@bloomington.in.gov) to the attention of the Operations Director.

<b>Applicant name:</b>	
<b>Company/organization:</b>	
<b>E-mail address:</b>	
<b>Phone:</b>	
<b>Trail and location:</b>	
<b>Closest street address:</b>	
<b>Closure type:</b>	<input type="checkbox"/> Full closure <input type="checkbox"/> Partial closure - <i>at least half of trail width or 5 feet (whichever is greater) to remain open</i>
<b>Purpose of work:</b>	
<b>Will this project require excavation in or along the trail?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Date range for work:

*Identify the exact date or date range during which the work will actually take place. A permit is not officially issued until the staff listed on the permit is contacted regarding the exact date the trail will be closed. If an exact date cannot be given at the time the permit is applied for, you must contact our office 72 hours before a closure begins.*

through

### Duration/Time of work (what times & for how long will the trail remain closed?):

*Standard closure hours are MON-FRI 9 a.m.-3 p.m. and 6-9 p.m. BMC 14.09.040 allows work from 6 a.m. to 10 p.m. without violating the noise ordinance. If exact dates cannot be given on the application, staff must be contacted 72 hours before a closure begins to allow for appropriate notification.*

Duration/Time of work 1	through
Duration/Time of work 2	through
Duration/Time of work 3	through
Duration/Time of work 4	through

**Please explain the measures (cones, barrels, flaggers, Type 3 barricades, etc.) you will take to keep trail users safe:**

**Is a detour proposed?**  Yes  No

*If yes, please upload a maintenance of traffic plan/map showing how an alternative route will be routed and signed using MUTCD-approved practices. If e-mailing, you can include this attachment with your e-mail. For certain total trail closures, the applicant must submit a MUTCD-compliant maintenance of traffic plan. Certain closures require Board of Park Commissioners approval, so approval times may vary.*

**Additional comments can be made below or attached if needed.**

***Permits will be considered expired one year after being issued if work has not begun.***

### **Indemnification Agreement**

The petitioner/applicant hereby agrees to hold harmless, defend and to indemnify the City of Bloomington from or against all claims, action, damage and expenses, including but not limited to reasonable attorney's fees or any alleged injury and/or death to any person or damage to any property arising, or alleged to have arisen out of any act of commission or omission on the part of the petitioner/applicant, his/her heirs, successors, or assigns regardless of whether such acts are the direct or indirect result of the use of public facilities pursuant to this permit grant.

I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

Print Name: \_\_\_\_\_

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

---

*For administration use only (applicable to CLOSURE approval)*

Approved by: \_\_\_\_\_  Park Board  Parks Ops. Dir. Date: \_\_\_\_\_

Staff Representative: \_\_\_\_\_ Phone#: \_\_\_\_\_ Date: \_\_\_\_\_

Engineering Representative: \_\_\_\_\_ Phone#: \_\_\_\_\_ Date: \_\_\_\_\_