

**STILLWATER COUNTY
APPLICATION FOR TEMPORARY STREET/ROAD CLOSURE**

To be completed by the applicant - Incomplete applications will not be processed.

Name: _____
Contact Person: _____ **Phone:** _____
Address: _____

Site Location - Exact Section of Stillwater County Street/Road applied for:

Town of _____ **or Section** _____ **Township** _____ **Range** _____

Nature of Function/Project: _____ **Drawings Attached** _____

Duration of Closure: _____

IN ORDER TO PROMOTE PUBLIC SAFETY AND PROTECT LIFE AND PROPERTY IT IS NECESSARY FOR EVERY PERSON, PARTY, OPERATION, BUSINESS OR UTILITY DESIRING TO TEMPORARILY CLOSE ANY COUNTY ROAD, STREET, ALLEY OR THOROUGHFARE TO OBTAIN A PERMIT PRIOR TO SUCH CLOSURE AND POST BOND AS MAY BE REQUIRED.

APPLICANT HEREBY AGREES TO THE FOLLOWING CONDITIONS:

1. To perform all work in compliance with Stillwater County Specifications, a copy of which is available at the County Road Dept.
2. To notify the County Road Dept. Office prior to starting any work within the County right-of-way covered by this permit.
3. Applicant will be responsible for any damage to other installations already in place.
4. To provide proof of insurance, indemnify and save harmless Stillwater County, its officers and employees, from responsibility, damage, or liability arising from the exercise of the privileges granted herein.
5. To meet all requirements for warning signs, traffic control and public safety (Manual on Uniform Traffic Control Devices).

IT IS FURTHER AGREED:

1. Applicant shall furnish bond as required.
2. Above named applicant doing or authorizing said work will pay a fee as required, said fee to be retained by Stillwater County
3. Applicant shall not exceed or modify the scope of this project without prior approval from the County Road Dept. Office.
4. All work shall be inspected upon completion as arranged for by both parties, the Applicant and the County Road Dept. or his representative.
5. Permittee shall maintain, at its/his sole expense, the installation and/or structures for which this permit is granted, in a condition satisfactory to the County.
6. Should the work fail to meet standards, or if a defect in said work creates a situation affecting public health, welfare or safety, the applicant is solely responsible for correction of the deficiency. If applicant, upon notification by the County Road Dept. fails to correct said deficiency, the Stillwater County Road Dept. may make or authorize such corrections. All costs incurred in said corrections shall be charged against the Applicant, the Applicants heirs, assigns, or his bond. Emergency situations, as determined by the Road Dept. Office, shall be corrected immediately upon notification.
7. The applicant agrees to hold Stillwater County harmless for any damage to their facilities occurring during normal road maintenance operation now and in the future.
8. Nothing contained in this permit shall relieve Applicant of responsibility for the work performed under any permit granted.

The terms of this permit application are accepted and agreed to by:

Signature of Applicant(s) _____
Date

Send the completed application form along with applicable fees and drawings to the following address:

**Stillwater County Road & Bridge Department
P.O. BOX 715
COLUMBUS, MT 59019
Phone: (406) 322-5336**

REVIEW OF APPLICATION FOR TEMPORARY STREET/ ROAD CLOSURE

- To be completed by the Stillwater County Road & Bridge Supervisor -

ROUTE NO. _____
STATION(s) _____

COMPLETE APPLICATION RECEIVED? Yes _____ No _____
INSPECTION FEE PAID? Yes _____ No _____ Amount _____
PLANS/DRAWINGS SUBMITTED? Yes _____ No _____
PROOF OF INSURANCE PROVIDED? Yes _____ No _____ Company _____
BOND PROVIDED? Yes _____ No _____ Amount _____

PRELIMINARY INSPECTION OF APPLICATION RECOMMENDED FOR:

APPROVAL _____ CONDITIONAL APPROVAL _____ DISAPPROVAL _____

County Road & Bridge Supervisor Date _____

List conditions of approval:

DECISION ON APPLICATION FOR TEMPORARY STREET/ROAD CLOSURE

- To be completed by the Stillwater County Commissioners -

The Board of County Commissioners of Stillwater County, Montana, do hereby:

APPROVE _____ CONDITIONALLY APPROVE _____ DISAPPROVE _____

the permit application for temporary street/road closure.

Chair, Board of County Commissioners Date _____

FINAL INSPECTION OF STREET/ROAD CLOSURE

- To be completed by the Stillwater County Road & Bridge Supervisor -

Inspected by _____ Inspection Date _____

Completed project: _____ **meets requirements of the preliminary application**
_____ **does not meet approval for the following reasons:** _____

NOTICE: Approval of the foregoing application shall not grant authority to the permittee to burden or otherwise impair or infringe on any third party property interests which may exist or inure to the benefit of third parties relative to the county property or right-of-way which is referenced in this application.

Routing

Initial Course of action

- _____ 1. Road & Bridge – Preliminary inspection
- _____ 2. Road & Bridge – Approval and fees to Finance Department
- _____ 3. Finance Department – Deposit fees and submit application to BOCC final approval
- _____ 4. Commission action – Decision on application for permit
- _____ 5. Road & Bridge – Letter to Sheriff’s dispatch to inform all emergency services
- _____ 6. Road & Bridge – Final inspection, approval and file original for one (1) year

Exhibit A
Conditions of Approval for Temporary Street/Road Closure
Stillwater County, Montana

1. Contact emergency services and report time and date of street closure.

	<u>Fire</u>	<u>Ambulance</u>	<u>Sheriff</u>
Absarokee:	328-4703	328-4703	322-5326
Park City:	633-2298	633-2015	322-5326
Molt:	<i>Greg Smith</i> 669-3139	322-4302	322-5326
Rapleje:	<i>Larry Gee</i> 663-2211	322-4302	322-5326
Reed Point:	<i>Spencer Peterson</i> 326-2271	322-4302	322-5326

2. Contact Person for Event: _____ Phone# _____ Cell# _____

3. Drawing of Streets to be closed and detour route identified.

4. Road(s) to be closed shall be identified with approved road closed signs and barricades.

5. Detour route(s) to be identified with approved detour signs.

6. No Stakes, pegs or damage to roadway.

7. Roads must be opened immediately after event ends and clean up is done.

8. Copy of street closure permit shall be on location with responsible person in charge.

9. Restroom facilities must be adequate for the event.

- Signs and barricades are available for loan at the road and bridge Department. Must be returned within 3 days after event.

Signature of Applicant(s)

Print Name and Title

Portable Sanitation Association International SPECIAL EVENT CHART EXTENDED BREAKDOWN



Number of Units required when no pumping service is provided based on 50/50 Mix of Men & Women
One unit provides approximately 200 uses with 4 hours between use

Average Crowd Size	Average Hours at the Event									
	1	2	3	4	5	6	7	8	9	10
500	2	4	4	5	6	7	9	9	10	12
1,000	4	6	8	8	9	9	11	12	13	13
2,000	5	6	9	12	14	16	18	20	23	25
3,000	6	9	12	16	20	24	26	30	34	38
4,000	8	13	16	22	25	30	35	40	45	50
5,000	12	15	20	25	31	38	44	50	56	63
10,000	15	25	38	50	63	75	88	100	113	125
15,000	20	38	56	75	94	113	131	150	169	188
20,000	25	50	75	100	125	150	175	200	225	250
25,000	38	69	99	130	160	191	221	252	282	313
30,000	46	82	119	156	192	229	266	302	339	376
35,000	53	96	139	181	224	267	310	352	395	438
40,000	61	109	158	207	256	305	354	403	452	501
45,000	68	123	178	233	288	343	398	453	508	563
50,000	76	137	198	259	320	381	442	503	564	626
55,000	83	150	217	285	352	419	486	554	621	688
60,000	91	164	237	311	384	457	531	604	677	751
65,000	98	177	257	336	416	495	575	654	734	813
70,000	106	191	277	362	448	533	619	704	790	876
75,000	113	205	296	388	480	571	663	755	846	938
80,000	121	218	316	414	512	609	707	805	903	1001
85,000	128	232	336	440	544	647	751	855	959	1063
90,000	136	246	356	466	576	686	796	906	1016	1126
95,000	143	259	375	491	607	724	840	956	1072	1188
100,000	151	273	395	517	639	762	884	1006	1128	1251

Source: Independent Study by: Center of Business and Industrial Studies / University of Missouri-St. Louis

For more information contact the Portable Sanitation Association International at:
info@psai.org • 952.854.8300 • 800.822.3020 • www.psal.org