



MUNICIPALITY OF SWAKOPMUND



Enquiries: Manager: Traffic Services

P O Box 53, Swakopmund
Tel : (064) 4104650
Fax2Email : 088 651 9131
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APPLICATION FOR STREET CLOSURE

I/We _____

In my/our capacities as _____

Of (name of deceased) _____

Hereby unconditionally indemnify the **COUNCIL OF THE MUNICIPALITY OF SWAKOPMUND** against all and any claims in respect of damage to property and/or bodily injury to/loss of life of people that may arise from the utilisation of streets, roads and/or any other land during an event of funeral, weddings and memorial services within the municipal area of Swakopmund by participants and/or authorised officials of The Traffic Section to provide street closure duties.

on occasion of _____

To be held on (date) _____

APPLICANT CHECKLIST

| | | YES | NO |
|----|---|-----|----|
| 1 | That the applicant obtains approximate positions of Municipal services in the area for safe erection of tents from the Engineering Services. | | |
| 2 | That the applicant proposes possible detours during the street closure period to prevent interruption to the traffic flow in consultation with Engineering Services. | | |
| 3 | That all damages to the road surface and or Municipal services be for the account of the applicant and be repaired upon notification by the Engineering Services. | | |
| 4 | That the applicant indicate whether refuse bins will be required and pay for the lease thereof as well as the removal afterwards (N\$15.00 per bin and N\$357.50 per truck load for the removal {15% VAT excluded}) in consultation Health Service. | | |
| 5 | That the applicant ensures that sufficient ablution facilities are provided for in consultation Health Service. | | |
| 6 | That consent be obtained from adjoining property owners. | | |
| 7 | That Council be indemnified against any claims that may arise in respect of damages to property or injury to people, from using the area. | | |
| 8 | That the applicant obtains the necessary road traffic signs for street closure from the Work Section, for erection by the Traffic Officers, to secure the street for safety reasons | | |
| 9 | That sound be restricted to the immediate surrounding area. On receipt of any complaints due to noise or misbehavior, the use of the area is cancelled immediately by the Traffic Section. | | |
| 10 | That the applicant liaises with the Traffic Section for the requirements to ensure that road users comply with traffic rules | | |
| 11 | That the area be restored to its original condition and to the satisfaction of the Swakopmund Municipality after the function. | | |
| 12 | That the applicant be responsible for keeping the area clean at all times | | |

ARRANGEMENTS

ENGINEERING SERVICES- Works Section

USE OF CLOSURE OF PORTION OF STREET / PAVEMENT / PARKING AREA FOR

Funeral :FROM: _____ TO: _____ Time: _____

Memorial Services: FROM: _____ TO: _____ Time: _____

Wedding : FROM: _____ TO: _____ Time: _____

NB: TO BE SUPPLIED BY THE APPLICANT

Tent No Yes

Drums No Yes

Barrier Tape No Yes

STREET ADDRESS: _____

PAYMENTS BY APPLICANT

1. A daily rental / lease fee of N\$99.00 (VAT exclusive) is applicable by applicant. (N\$99 x 15% = N\$114.00/day)
(101 – cashier code)
2. A Refundable deposit must be paid by the applicant for the use of the following road surfaces:

| | | | |
|------|-------------|------------|--|
| i. | Gravel Road | N\$ 750.00 | |
| ii. | Interlocks | N\$1500.00 | |
| iii. | Bitumen | N\$2000.00 | |

129 – Refundable

3. A repair cost for the damage to road surface if needed be defrayed from the refundable deposit mentioned in 2 above

CASHIER

| | | |
|-----------------------------|--------------------|----------------------|
| Amount to be paid: | RECEIPT NO. | CASHIER STAMP |
| Rental (101) _____ | _____ | |
| Refundable Dep. (129) _____ | _____ | |

APPLICANT DETAILS

| | |
|-------------------------------|--|
| Contact Person Name / Surname | |
| Telephone / Cell Number | |
| Remarks | |

Thus signed at _____ this _____ day of _____ 20 _____

| | |
|-----------------------------|--|
| APPLICANT SIGNATURE | |
| ENGINEERING SERVICES | |
| HEALTH SERVICES | |

| | | |
|-------------------------|------------------|-----------------------|
| TRAFFIC SERVICES | SIGNATURE | OFFICIAL STAMP |
| | | |

CHECK USED AREA FOR THE REFUND OF DEPOSIT

| | | |
|-----------------------------|------------------|-----------------------|
| ENGINEERING SERVICES | SIGNATURE | OFFICIAL STAMP |
| | | |
| COMMENTS | | |

TRAFFIC SECTION : 24 HOUR STANDBY CELLPHONE NUMBERS

0811274330 or 0811224679

Please inform us in advance with any changes on the above-mentioned application.

Original document must be completed by the applicant