

TEMPORARY CLOSING OF STATE ROAD PERMITDate: October 30, 2017

Permit No. _____

Governmental Entity

Approving Local Government Nassau County Contact Person Shanea Jones
 Telephone (904) 530-6010 Email sjones@nassaucountyfl.com

Organization Requesting Special Event

Name of Organization Concerned Citizens of Hilliard Contact Person Johnnie E. Green
 Telephone (904) 707-9399 Email crossmith@yahoo.com or jpastorgreen@aol.com

Description of Special Event

Event Title MLK Walk and Program Date of Event Monday 1/15/2018
 Start Time 9:30 am End Time 10:30 am
 Event Route (attach map) Began at Hilliard Police Substation (old town hall); head east on Cty Rd. 108 to US Hwy #1
Turn left onto US Hwy #1 & head North. End at Mt. Charity Baptist Church (next to Glenn's Paint & Body)
 Detour Route (attach map) Began at Hilliard Police Substation (old town hall); head west on Cty Rd. 108 to Oxford St.
Turn right onto Oxford St & head north to Sixth St. Turn right onto Sixth St. and head east to US Hwy #1. Turn left
onto US Hwy #1 and end at Mt. Charity Baptist Church (next to Glenn's Paint & Body)

Law Enforcement Agency Responsible for Traffic Control

Name of Agency Nassau County Sheriff's Office

US Coast Guard Approval for Controlling Movable Bridge

Not Applicable ☒

Copy of USCG Approval Letter Attached ☐

Bridge Location _____

The Permittee will assume all risk of and indemnify, defend and save harmless the State of Florida and the FDOT from and against any and all loss, damage, cost or expense arising in any manner on account of the exercise of this event.

The Permittee shall be responsible to maintain the portion of the state road it occupies for the duration of this event, free of litter and providing a safe environment to the public.

Signatures of Authorization

Event Coordinator Johnnie E. Green Signature Johnnie E. Green Date 10/30/2017
 Law Enforcement Name/Title Bill Leeper, Sheriff Signature Bill Leeper Date 10/31/17
 Government Official Name/Title Daniel B. Leeper, Chairman Signature _____ Date _____

FDOT Special Conditions**FDOT Authorization**

Name/Title _____ Signature _____ Date _____