

# OUTDOOR COMMUNITY EVENT APPLICATION

(Requires a non-refundable \$50 application fee)

Application date: March 15, 2023

## Applicant Information

Applicant's name: Incline Village Crystal Bay Business and Community Association

Mailing address: 969 Tahoe Blvd. Incline Village NV 89451  
Street or PO Box City State Zip code

Phone: 775-771-5859 (Business) [REDACTED] (Home) \_\_\_\_\_ (Cell)

Email: linda@ivcba.org

All applicants, to include corporate officers or partners must complete a personal history form

Is the applicant a(n):  Corporation  Partnership  Individual

If a corporation or a partnership, list corporate officers or partners:

Name	Address	Title
Linda Offerdahl	969 Tahoe Blvd., Incline Village, NV 89451	Executive Director
Mike Young	969 Tahoe Blvd., Incline Village, NV 89451	Secretary/Treasurer

## Event Information

Name of Event: Local Heroes Parade

Date(s) of Event: July 2, 2023 Hours of operation: 8 a.m. to 11:30 a.m.

Location of Event: Oriel Way and Tanager to IVGID Rec. Center and Village Green on Incline Way

Assessor Parcel Number(s): \_\_\_\_\_

Description of Event: Community parade honoring our Veterans and local heroes. We expect entries to include cars, bike riders, floats, bands, walkers and horses.

Name of the designated event representative who will be on-site during the event and who has authority to bind the applicant: Linda Offerdahl

Will an admission fee be charged for your event?  Yes  No

If yes, amount and type of fee(s): \_\_\_\_\_

When will fee be collected?  Pre-sales  At entrance

Approximate number of participants and other persons: 250

Approximate number of customers and spectators: audience spread over one mile on two sides of the road

Approximate maximum number of persons on any one day of the event: 200

Will food and/or beverages be served?  Yes  No

(all food and beverage vendors must have the appropriate Washoe County Health District permits)

Will alcoholic beverages be served?  Yes  No

(all intoxicating liquor vendors must be individually licensed with Washoe County Business License)

Will there be live music?  Yes  No

**OUTDOOR COMMUNITY EVENT LICENSE**

**Insurer Information**

*(see Insurance, Hold Harmless & Indemnification Requirements)*

Name of Insurer: United States Liability Co. Policy number: NBP1561325A

Attach copy of insurance policy specific to event (must be furnished prior to the issuance of the license)

Address of Insurer: 1325 Airmotive Way Ste. 320 Reno, NV 89502

Street City State Zip code

Limits of liability: \$1,000,000

**HISTORY OF SIMILAR EVENTS**

*(attach additional sheets if needed)*

Describe the history of all similar events conducted, operated or promoted by the applicant. Include, at a minimum, event names, types, dates, locations, permits or licenses issued.

IVCBA partnered with Rotary Club of Tahoe-Incline and other community supporters to successfully organize and hold the parade on both July 3, 2021 and July 2, 2023. The event was issued permits by NDOT, NTFD, and Washoe County.

We worked with the Washoe County Sheriff, CERT and Silver State Barricades to provide a safe environment for both participants and spectators.

**Vendor List**

*(attach additional sheets if needed)*

Name of Vendor	Type of service or product
Silver State Barricades	barricades, cones, site plan
Menath Insurance	insurance policy

**OUTDOOR COMMUNITY EVENT  
PERSONAL HISTORY**

(complete a separate form for each applicant, to include corporate officers and partners)

Name in full: Linda Ann Offerdahl  
First Middle Last

List ALL other names you have been known by: Linda Van Wie (maiden name)

Residence address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
Street City State Zip Code

Residence phone: n/a Business phone: 775-771-5856 (cell)

Name of your present business or employer: IVCBA

Business address: 969 Tahoe Blvd. Incline Village NV 89451  
Street City State Zip Code

Type of business: community business association Position: Executive Director

How long engaged in this business: 3 years

Date of birth: [REDACTED] Age: [REDACTED] Place of birth: [REDACTED]

List cities in which you have lived during the last ten years:

Dates From and To	City	State
1988 to present	Incline Village	NV

I, the undersigned, have answered all questions in this application and to the best of my knowledge all answers are true and correct. I further understand that disclosure of any false, misleading or incorrect answers could result in the denial of the license. The filing of the application does not authorize the conducting of any event for which a license is required, and any carrying on of such event before a license is issued may also be grounds for denial of a license.

Linda Ann Offerdahl  
Printed name of applicant

  
Signature of applicant

March 15, 2023  
Date

**OUTDOOR COMMUNITY EVENT  
PERSONAL HISTORY**

(complete a separate form for each applicant, to include corporate officers and partners)

Name in full: Mike A. Young  
First Middle Last

List ALL other names you have been known by: \_\_\_\_\_

Residence address: \_\_\_\_\_  
Street City State Zip Code

Residence phone: 775-771-2391 Business phone: same

Name of your present business or employer: Sothebys Realty

Business address: 570 Lakeshore Blvd., Incline Village, NV 89451  
Street City State Zip Code

Type of business: Real Estate Sales Position: Broker

How long engaged in this business: 30+ years

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

List cities in which you have lived during the last ten years:

Dates From and To	City	State
6/30/1988	Incline Village, NV	

I, the undersigned, have answered all questions in this application and to the best of my knowledge all answers are true and correct. I further understand that disclosure of any false, misleading or incorrect answers could result in the denial of the license. The filing of the application does not authorize the conducting of any event for which a license is required, and any carrying on of such event before a license is issued may also be grounds for denial of a license.

Mike Young   
Printed name of applicant

\_\_\_\_\_  
Signature of applicant

17 Mar 23  
Date

**OUTDOOR COMMUNITY EVENT  
CONTRIBUTORS OR INVESTORS LIST**

(List the names and addresses of any person contributing, investing or  
having an expected financial interest greater than \$500 in producing the event)  
*(attach additional sheets if needed)*

Name

Address

N/A

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**ANCILLARY SERVICES OR ACTIVITIES LIST**

(List the names and addresses of any person expected to provide, for consideration,  
services or activities ancillary to or in conjunction with the event)  
*(attach additional sheets if needed)*

Name

Address

N/A

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**OUTDOOR COMMUNITY EVENT  
RELEASE OF CLAIMS**

(complete a separate form for each applicant, to include corporate officers and partners)

The undersigned has filed with Washoe County Business License an application for outdoor community event license. In consideration of the assurance by the Board of County Commissioners that no vote on said application will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to criminal history background, associates and finances, the undersigned does for himself, his heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the County of Washoe, Washoe County Sheriff's Office, Washoe County Commission, and Washoe County Business License from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has or may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the undersigned application.

**AUTHORIZATION TO RELEASE INFORMATION**

As an applicant for an outdoor community event license with Washoe County Business License, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information of a confidential or privileged nature.

I hereby release you, your organization and others from liability or damage, which may result from furnishing the information requested. This release will expire 180 days after the date signed.

I, the undersigned, have read this release and understand all its terms; I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at Incline Village, NV on the 23 day of March, 2023.

Linda Offerdahl

Printed name of applicant

L. Offerdahl

Signature of applicant

(State of Nevada)  
County of Washoe

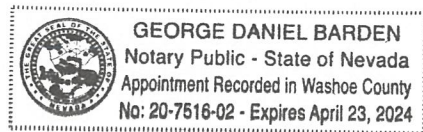
Subscribed and sworn to before me this 23 day of March, 2023  
by Linda offerdahl

George Barden

Notary Public in and for said county and state

George Daniel Barden

My commission expires: 04/23/2024



**OUTDOOR COMMUNITY EVENT  
INSURANCE, HOLD HARMLESS AND INDEMNIFICATION REQUIREMENTS**

Pursuant to Washoe County Code section 25.303, any applicant for a Washoe County outdoor community event license must ensure the following requirements are met to the satisfaction of the Washoe County Risk Management Division before the outdoor community event license may be issued.

**INDEMNIFICATION & HOLD HARMLESS**

As respects acts, errors or omissions relating to the event, APPLICANT agrees to indemnify and hold harmless COUNTY, its officers, agents, employees, and volunteers from and against any and all claims, demands, defense costs, liability or consequential damages of any kind or nature arising directly or indirectly out of the event or any activity leading up to, during, or following the event, excepting those which arise out of the sole negligence of the COUNTY.

APPLICANT further agrees to defend COUNTY and assume all costs, expenses and liabilities of any nature to which COUNTY may be subjected as a result of any claim, demand, action or cause of action arising out of the negligent acts, errors or omissions of APPLICANT or its agents concerning the event.

**INSURANCE REQUIREMENTS**

COUNTY requires that APPLICANT purchase General Liability Insurance as described below against claims for injuries to persons or damages to property which may arise from or in connection with the event by APPLICANT, its agents, representatives, or employees. The cost of all such insurance shall be borne by APPLICANT.

APPLICANT shall maintain coverage and limits no less than \$1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, the general aggregate limit shall be increased to equal twice the required occurrence limit, to apply separately to this event.

Any deductibles or self-insured retentions must be declared to and approved by the COUNTY Risk Management Division prior to the event. COUNTY reserves the right to request additional documentation, financial or otherwise prior to giving its approval of the deductibles and self-insured retention and prior to issuing the license. The COUNTY Risk Manager prior to the change taking effect must approve any changes to the deductibles or self-insured retentions.

APPLICANT shall provide COUNTY with a certificate of insurance that identifies COUNTY, its officers, agents, employees and volunteers as additional insured's.

**NOTE: A certificate of insurance complying with the provisions stated above is not required with the outdoor community business license application, but must be furnished prior to the issuance of the license.**

I hereby agree to the all of the provisions stated above:

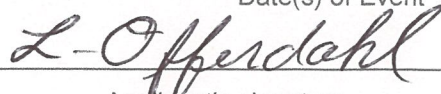
Local Heroes Parade

July 2, 2023

Name of Event

Date(s) of Event

Linda Offerdahl



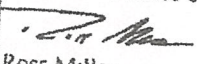
Applicant's name (printed)

Applicant's signature

Date: March 15, 2023

ROSS MILLER  
 Secretary of State  
 204 North Carson Street, Suite 4  
 Carson City, Nevada 89701-4520  
 (775) 684 5708  
 Website: www.nvsos.gov

**Nonprofit  
 Articles of Incorporation**  
 (PURSUANT TO NRS CHAPTER 82)

Filed in the office of  Document Number  
 20090468366-14  
 Filing Date and Time  
 06/03/2009 7:42 AM  
 Filing Number  
 E0311412009-8

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Corporation: **INCLINE COMMUNITY BUSINESS ASSOCIATION**

2. Registered Agent for Service of Process: (check only one box)

Commercial Registered Agent: \_\_\_\_\_ Name \_\_\_\_\_

Noncommercial Registered Agent (name and address below) **OR**  Office or Position with Entity (name and address below)

**D. G. MENCHETTI**  
 Name of Noncommercial Registered Agent **OR** Name of Title of Office or Other Position with Entity

**683 CRISTINA DRIVE** **INCLINE VILLAGE** Nevada **89451**  
 Street Address City State Zip Code

**PO BOX 7100** **INCLINE VILLAGE** Nevada **89452**  
 Mailing Address (if different from street address) City State Zip Code

3. Names and Addresses of the Board of Directors/Trustees: (each Director/Trustee must be a natural person at least 18 years of age, attach additional page if more than four directors/trustees)

1) **LINDA OFFERDAHL**  
 Name  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2) **LYNN MCGINTY**  
 Name  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

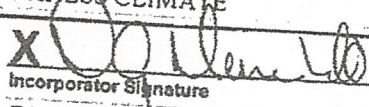
3) **MINDY WEGENER**  
 Name  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

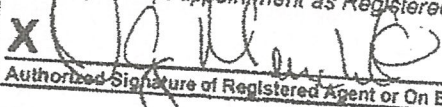
4) \_\_\_\_\_  
 Name  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Purpose: (required, continue on additional page if necessary)  
 The purpose of the corporation shall be  
**DEVELOP AND PROMOTE A HEALTHY BUSINESS CLIMATE**

5. Name, Address and Signature of Incorporator: (attach additional page if more than one incorporator)

**D. G. MENCHETTI**  
 Name  
**PO BOX 7100**  
 Address  
**INCLINE VILLAGE** NV **89452**  
 City State Zip Code

  
 Incorporator Signature

6. Certificate of Acceptance of Appointment of Registered Agent:  
 I hereby accept appointment as Registered Agent for the above named Entity.  
   
 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

**JUNE 2, 2009**  
 Date

This form must be accompanied by appropriate fees.



Detailed Explanation For:

**Traffic**

Please see the attached Traffic Plan developed by Silver State Barricades with input from

Sgt. Joe Colacurcio– Washoe County Sherriff’s Office

Dell Rawley – CERT

Tim Kelly – IVGID

John James – NLTFD Fire Marshall

Linda Offerdahl – IVCBA

Jeffrey & Pamela Sheldon – Rotary Club of Tahoe-Incline

We have contracted for 130 cones and various-size barriers from Silver State to block roads and driveways, as indicated on the map. The Sherriff’s department will work with Silver State to strategically place them on the morning of July 2 according to the approved plan. CERT volunteers will augment the WCSO and Silver State in manning the barriers.

**Security and Fire Protection**

There will be no need for security beyond the presence of the WCSO. An application to the NLTFPD has been filed.

**Water Supply and Facilities**

Not applicable

**Sanitation Facilities**

Not applicable

**Medical Facilities and Services**

The Incline Village paramedics are stationed less than a mile from the beginning of the parade route.

**Vehicle Parking Spaces**

Permission has been granted by the owners of 893 Incline Way to use their parking lot. Also, Incline Recreation Department on Incline Way has given written permission to use their parking lot.

**Vehicle Access and On-Site Traffic Control**

Silver State will post “reader boards” on Tahoe Blvd. three days before the parade to advise motorists that there is no thru traffic on Village Blvd. on July 2 from 8:30 a.m. to 11 a.m.

Village at Incline Way will be closed from 8:30 a.m. to 11 a.m. Signs and personnel (CERT and

WCSO) will be stationed there to control access. There will be barriers provided by Silver State. We are renting 200 cones to control access to the parade route. The residents and businesses impacted by the closures will be notified by either their homeowner's association or a letter from IVCBA. Both WCSO and CERT will be stationed along the parade route to control access.

**Communication System**

In coordination with the WCSO and CERT, key volunteers will have walkie-talkies – ie: staging volunteers and parade-ending site volunteers.

**Illuminating the Premises**

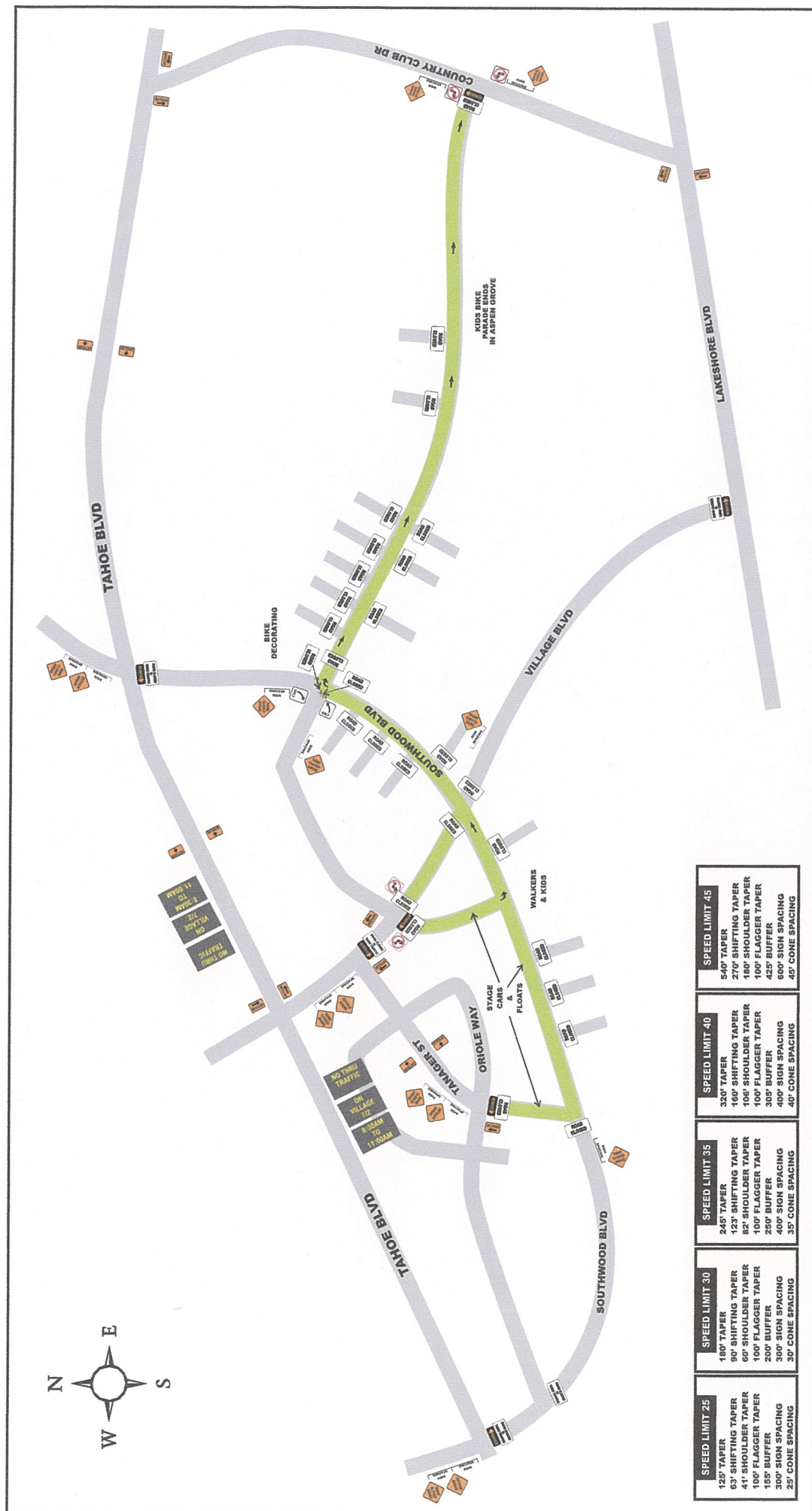
Not applicable

**Camping**

Not applicable

**Cleanup and Rubbish Removal Plan**

Volunteers from Rotary Club of Tahoe-Incline and Rotary Club of Incline Village will be responsible for removing trash left by spectators.



**NOTES**  
 ALL TRAFFIC CONTROL DEVICES MUST BE PLACED BY AN ATSSA CERTIFIED TRAFFIC CONTROL SUPERVISOR

**LEGEND**  
 WORK ZONE  
 42" CONE  
 TRAFFIC DRUM  
 LIGHT TOWER  
 FLAGGER

<b>SPEED LIMIT 25</b> 125' TAPER 80' SHIFTING TAPER 45' SHOULDER TAPER 100' FLAGGER TAPER 155' BUFFER 300' SIGN SPACING 25' CONE SPACING	<b>SPEED LIMIT 30</b> 180' TAPER 80' SHIFTING TAPER 45' SHOULDER TAPER 100' FLAGGER TAPER 200' BUFFER 300' SIGN SPACING 30' CONE SPACING	<b>SPEED LIMIT 35</b> 245' TAPER 123' SHIFTING TAPER 45' SHOULDER TAPER 45' FLAGGER TAPER 250' BUFFER 400' SIGN SPACING 35' CONE SPACING	<b>SPEED LIMIT 40</b> 320' TAPER 160' SHIFTING TAPER 100' SHOULDER TAPER 100' FLAGGER TAPER 300' BUFFER 400' SIGN SPACING 40' CONE SPACING	<b>SPEED LIMIT 45</b> 540' TAPER 270' SHIFTING TAPER 180' SHOULDER TAPER 100' FLAGGER TAPER 450' BUFFER 600' SIGN SPACING 45' CONE SPACING
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CONTRACTOR: CRUZ CONST  
 JOB: N FRONTAGE RD  
 ATSSA CERT: 154411  
 DRAWN BY: DAVID EATON  
 SIGNATURE: *David Eaton*  
 DATE: 3/3/23

**John James** <jjames@nltpd.net>

**To:** Pamela Sheldon, Jeffrey Smith

Mon, Apr 3 at 2:41 PM

Parade Route has been forwarded to operations and NLTFPD has approved.



**John James**

**Fire Marshal**

Office: 775.831.0351 x8131 | Cell: 775.413.9344

Email: [jjames@nltpd.net](mailto:jjames@nltpd.net)

[866 Oriole Way | Incline Village | NV 89451](#)



**TEMPORARY**

Route: SR 28	
Milepost: WA 6.7 to 7.3	NDOT District II
District Permit No.: T-67-23	
Applicant: Incline Village Business Association	
Type of Activity: Signs in ROW for special event	
FOR DEPARTMENT USE ONLY	

**PERMIT FOR TEMPORARY OCCUPANCY OF NEVADA  
DEPARTMENT OF TRANSPORTATION RIGHT-OF-WAY  
(Under the Provisions of NRS 408.423 and 408.210)**

1. Location where the event and/or occupancy is proposed:

SR 28 (Lake Tahoe Blvd)

Southwood to Village

Local name of highway

Street address or nearest cross street

between Milepost 6.7

and Milepost 7.3

2. Describe the event in detail, including the number of participants, the proposed route, the proposed date and time of the event. Please attach plans and/or drawings of the proposed route.

Signs in the ROW for a special event parade on County Roads.

See attached documents.

EVENT DATE(s):

July 2, 2023

3. SPECIFIC TERMS AND CONDITIONS FOR THIS PERMIT ARE LISTED ON PAGES 2 & 3.

4. THE PERMIT SHALL BE SIGNED AND RETURNED TO THE DISTRICT OFFICE.

**Incline Village Crystal Bay Business**

*Name of PERMITTEE*

Linda Offerdahl, Executive Director

*Name and Title (Please print)*

969 Tahoe Blvd

*Address*

Incline Village, NV 89451

*City, State, Zip*

3/10/2023

*Date of Application*

DocuSigned by:

*Linda Offerdahl*

04/04/2023

AE534CD2586F4DB...

**Signature**

775-771-5856

*Telephone*

*linda@ivcba*

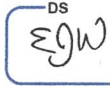
*Email address*

District Permit No.: T-67-23

**ADDITIONAL TERMS AND CONDITIONS**

1. The permit shall be signed by **PERMITTEE** on Page 1 and returned to the district office. The permit shall not be valid until the **SIGNED** original permit has been received by the district office.
2. This temporary permit expires upon completion of the event.
3. The temporary Right-of-Way Occupancy Permit, or a conformed copy, shall be kept at the site of the event and must be shown to any representative of the Department of Transportation or any law enforcement officer on demand. **THE EVENT SHALL BE SUSPENDED IF THE PERMIT IS NOT AT THE SITE AS PROVIDED.**
4. The **PERMITTEE**, in addition to obtaining the temporary Right-of-Way Occupancy Permit must also obtain any and all other permits required by State law or local ordinances.
5. The **PERMITTEE** agrees to indemnify and save harmless the State of Nevada and its officers, agents, and employees against any and all liability, loss, damage, cost and expense which it or they may incur, suffer, or be required to pay by reason of death, disease, or bodily injury to any person or persons, or injury to, destruction of, or loss of use of any property, including property belonging to the State of Nevada, arising out of or incident to activities contemplated by this permit, and proximately caused, in whole or in part, by any act or omission of the **PERMITTEE**, or its contractors, agents, or the employees of any one or all of them **OR BY THE OFFICERS, AGENTS, OR EMPLOYEES OF THE STATE OF NEVADA**, unless it is established by the **PERMITTEE** that the proximate cause was the willful misconduct or gross negligence of the officers, agents, or employees of the State of Nevada.

\*\*\* SEE ADDITIONAL TERMS AND CONDITIONS ON THE FOLLOWING PAGES \*\*\*

DocuSigned by:  
 Reviewed by: Bhupinder Sandhu      04/03/2023        
66A6A8C027DC445...  
 District II Permit Office      Date

This temporary Right-of-Way Occupancy permit is granted to the PERMITTEE in accordance with the provisions of Chapter 408 NRS, and subject to the terms and conditions stipulated to perform the activity described.

Dated 04/04/2023

STATE OF NEVADA, DEPARTMENT OF TRANSPORTATION

DocuSigned by:  
 By John Angel  
868FD0837AA241D...  
 Director or District Engineer

T-67-23 Signs in ROW- parade

April 3, 2023

ADDITIONAL TERMS AND CONDITIONS

6. The NDOT right-of-way shall be returned to the original condition. Road travel way shall remain clean and free of debris at all times. Removal of trash and debris will be the responsibility of the PERMITTEE.
7. The hours of work shall be from 7:00 AM to 3:30 PM, daily, Monday through Friday, unless prior written approval has been given by NDOT. To obtain approval, submit a formal written request to the District II Permit Office. The request letter shall be addressed to the District Engineer, signed by the PERMITTEE, and submitted at least five (5) working days prior to the day you wish to work adjusted hours.
8. PERMITTEE shall set up traffic control to accommodate for the needs of pedestrians and bicyclists.
9. Placement locations for the CMS shall not obstruct any existing roadway signs at any time.
10. All portable CMS are subject to removal and or relocation at any time.
11. CMS must be placed a minimum of four feet (4') for the fog line protected by approximately eight to ten (8-10) cones at twenty-foot (20') spacing between the signs and the fog line.
12. PERMITTEE shall ensure the message boards are in working order and permittee is responsible for the message boards should they malfunction or become damaged. Emergency contact information for the message boards is Pamela Sheldon (775-771-5856).
13. All traffic control shall conform to the current *Manual on Uniform Traffic Control Devices*, "Chapter 6," and *The Nevada Department of Transportation Standard Plans for Bridge and Road Construction*, 2020 Edition.
14. Regardless of traffic control operations, do not stop public traffic for more than a 20-minute duration and do not delay it for more than 30 minutes total, regardless of the number of work zones. Any proposed traffic control plan must meet the duration of delay restrictions (20 minutes stopped, 30 minutes total delay). Should these delay restrictions be exceeded, work will be immediately suspended. If work is suspended, submit a written revised construction plan which addresses the delay problem. Upon approval of the plan the construction operations may resume.
15. All Category 1 & 2 Traffic Control Devices used on NDOT maintained roadways must be National Cooperative Highway Research Program *Report 350* compliant. The PERMITTEE and/or the contractor shall have the manufacturer's certificates of compliance available upon request.
16. Traffic control shall be set up as shown on the attached plans, unless otherwise noted herein or directed by the NDOT Permit Inspector. Any deviation from the attached plans will require prior approval from the NDOT District II Permit Office.

T-67-23 Signs in ROW- parade

April 3, 2023

17. The work of setting up and tearing down traffic control devices, as required, shall be completed each day, within the hours specified on the permit and/or on the approved traffic control plan. All traffic control devices shall be completely removed from the roadway and sidewalk at the end of the permitted activity period.
18. During business hours, emergency work on permitted facilities must be authorized by the NDOT District II Permit Inspector.
19. During non-business hours, notify the NDOT District II Utilities 24/7 Hotline of any emergency at (775) 834-8488. Provide the NDOT Dispatch the following information:
  - PERMITTEE's contact information for the emergency. NDOT Dispatch may need to call back to follow up.
  - Temporary occupancy permit number
  - Location of the emergency
  - Description of emergency
  - Description of the traffic impact (shoulder closure, lane closure, etc.)
  - Give an estimated time duration to mitigate the incident.
20. After an emergency event, the PERMITTEE shall follow up with the Permit Office and submit a new Temporary Occupancy Permit application summarizing the emergency event. Contact your Permit Inspector for any questions and comments.