



Office Use Only
Date Received: _____
Request Number: _____

TRAFFIC SAFETY IMPROVEMENT REQUEST FORM

This form should be used to file a request for review and consideration of a traffic safety or transportation system related matter in the City of Dinuba. The City of Dinuba Traffic Safety Committee is an interdepartmental group that reviews all City traffic safety or transportation related matters, including but not limited to, repair and/or maintenance to public streets, speeding, sidewalks, street lighting, parking, pedestrian crossings, school zones, street closures, etc. The TSC will review, consider, approve, and/or make recommendations to the City Council when necessary, to respond to requests. Upon completion of this form, please return it to the attention of the City of Dinuba, Public Works Director, 1088 E. Kamm Avenue, Dinuba, CA 93618, for review by the TSC. The following information is required prior to consideration of this request. Please fill in all that applies as completely as possible:

Name _____ Today's Date _____

Address _____ Daytime Telephone _____

Contact _____ Daytime Telephone _____

Nature of Request: _____

(Description of request which includes specific location, address, issue or concern, and any other information which might help us in considering the request. Additional pages may be attached if necessary).

NOTE: If this is Public Right of Way Temporary Closure Request, please complete corresponding document accordingly.

Signature of Requesting Party

Date

PROCESS FOR REQUESTS

It is the intent that all items related to the City's transportation system are addressed by the Traffic Safety Committee for approval and/or recommendation to the City Council. Requests made directly to the City Council shall be referred to the Traffic Safety Committee for review and recommendation.

- All requests should be submitted using the Traffic Safety Improvement Request Form to the Public Works Director.
- In the event of emergency, a special TSC meeting may be scheduled.
- Letter acknowledging receipt of request will be mailed to applicant notifying of date of TSC review.
- Requests, along with all applicable information, are reviewed by the TSC. If necessary, the TSC may direct a TSC member to provide further analysis (engineering, warrants, and history) to report to the group before finalizing the request.
- Projects having a fiscal impact (not part of the operations budget) require review and approval of the Finance Director.
- Approved projects (discretion authorized by City Council) will be reported to the City Council and scheduled for implementation with the Public Works Department and/or City Engineer's Office.
- The TSC will provide a recommendation on all projects requiring City Council approval.
- Final disposition will be reported to the applicant as soon as reasonably possible.

The following are examples of traffic safety and transportation related matters that may be reviewed by the TSC. This is not an all-inclusive list.

- Establishment/removal of all parking zones
 - Time restricted zones
 - Red curb "no parking"
 - Loading zones
 - Angle parking
 - Handicapped parking
 - Residential permit parking
- Traffic Control Issues
 - Review community concerns/complaints on traffic matters, street, and roadway conditions
 - Speeding, speed bumps/humps
 - Installation/removal of signage, beacons, stop signs, yield signs, signals
 - Installation/removal of pavement striping/crosswalks
 - Sight distance issues
 - Speed surveys and traffic warrants
 - Analysis of collision data
 - Traffic calming measures
 - Connectivity of transportation modes (transit, pedestrian, bicyclists)
- School Safety Issues
- Street lighting
- Sidewalk repair and replacement
- ADA Transition Plan
- Alleys
- Street Closures in connection with parades, community events, block parties, etc.
- Requests for placement of banner along Alta Avenue
- Evaluate contingency plan for addressing major natural disasters (i.e. flooding)
- Evaluate, address, and prioritize transportation system needs through the CIP process and/or grant opportunities/Pavement Condition Index reports.

PUBLIC RIGHT-OF-WAY TEMPORARY CLOSURE REQUEST

Purpose of Closure – Check one and fill out appropriate schedule(s) attached:

Neighborhood Block Party Community Event Business Promotion Neighborhood Watch

Other _____

Area / Street to be closed: _____ Date: _____

Limits of closure, from: _____ to: _____

Time of closure, from: _____ to: _____

List activities to be conducted in the Public Right-of-Way/on-site. Attach all relevant information. Please provide your own trash cans and dispose of waste properly. **Map(s) are required illustrating area of closure for ALL events.**

List requested City equipment/special needs: _____

Is vendor (bounce house, pony rides, etc.) required, if so, a City of Dinuba business license name / number (required). City current licensed list of Bounce Houses attached.

Insurance Company Name: _____

Policy No: _____ Phone No: _____

The Traffic Safety Committee meets on the first Thursday of each month. You will be advised when your request is scheduled for review and the results of the findings will be reported to you as soon as reasonably possible. Some requests may require additional time to process due to engineering reviews and special studies.

Signature of Requesting Party Date

BLOCK PARTY/BUSINESS PETITION
CLOSE THE BLOCK/AREA AS DESCRIBED BELOW:

(Print name of street(s))

Name of Organizing Party _____ Date: _____

Address: _____ Phone: _____

Person(s) circulating petition: _____

Event Date: _____ Event Time: from _____ to _____

The following person(s) is/are residents/business on the block indicated above and have no objection to the street being blocked from traffic during the hours indicated above. Further, it is agreed that although the street will be closed to through traffic, those residing on the aforesaid street will have vehicular access to their home or business.

	NAME (Print)	SIGNATURE	ADDRESS	PHONE NO
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I attest the signatures above represent 60 percent, or more, of the residences or businesses of the street / area to be blocked off per this request.

Signature of Organizing Party

Print Name / Date

**5REGISTRATION STATEMENT FOR AMPLIFYING EQUIPMENT
(See Reverse Side for Dinuba Municipal Code Noise Regulations)**

Date of Event: _____ Time of Usage: _____

Address of Event: _____

PROPERTY OWNER

Name: _____ Telephone: _____

Address: _____

EQUIPMENT USER:

Name: _____ Telephone: _____

Maximum Sound Producing Power of the Amplifying Equipment:

Wattage: _____ Volume (in Decibels): _____ Audible Distance: _____

Sound from amplifying equipment shall NOT exceed 70 decibels when measured at any property line from the hours of 7:00 am to 10:00 pm, nor 50 decibels from 10:00 pm to 7:00 am.

I certify the above information to be true and correct to the best of my knowledge. I agree to observe the provisions of the City of Dinuba Municipal Code Chapter 9.54 "NOISE REGULATIONS."

Property Owner

Equipment User

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

DINUBA MUNICIPAL CODE NOISE REGULATIONS

For a full description please refer to the Municipal Code online at www.dinuba.org

District	Time	Sound Level Decibels
Residential	10:00 p.m. to 7:00 a.m.	50
Residential	7:00 a.m. to 10:00 p.m.	70
Commercial	10:00 p.m. to 7:00 a.m.	60
Commercial	7:00 a.m. to 10:00 p.m.	70
Industrial	anytime	80
Public parks and	10:00 p.m. to 10:00 a.m.	60
City facilities	10:00 a.m. to 11:00 p.m.	85

9.54.020 Definitions.

B. "Decibel" means a unit of sound level when the base of the logarithm is the tenth root of ten and quantities concerned are proportional to power.

9.54.060 Public address system.

A. Registration Statements - Filing. Every user of sound amplifying equipment shall file a registration statement with the city ten days prior to the date on which the sound amplifying equipment is intended to be used, which statement shall contain the following information:

1. The name, address and telephone number of both the owner and user of the sound amplifying equipment;

2. The maximum sound producing power of the sound amplifying equipment which shall include the wattage to be used, the volume in decibels of sound which will be produced, and the approximate distance for which sound will be audible from the sound amplifying equipment.

3. The dates and times such equipment is intended to be used.

B. Registration Statements - Approval. The city shall return to the applicant within five working days an approval copy of the registration statement or disapproval. In the event the registration statement is disapproved, the city shall endorse upon the statement its reasons for disapproval and return it forthwith to the applicant.

C. Revocation. The city shall revoke any existing or issued permit when it is found that the applicant has not met all the requirements and conditions specified in this chapter or the permit.

D. Appeal. Any person aggrieved by an action of the city regarding a registration statement may appeal such decision to the city council.

E. Regulations. No sound emanating from such sound amplifying equipment shall exceed fifteen decibels above the ambient noise as measured at any property line.

In any event, the volume of sound shall be so controlled that it will not be a public nuisance or unreasonably loud, raucous, jarring, disturbing, or cause annoyance or discomfort to reasonable person of normal sensitivity within the area of audibility. (Ord. 94-14 § 2 (part), 1994)

**LIST OF BOUNCE HOUSE VENDORS
WITH CERTIFICATE OF LIABILITY INSURANCE AND BUSINESS LICENSE
WITH THE CITY OF DINUBA**

Bouncing off the Walls

Helms Enterprises

DBA-Bouncing Off the Walls

& Kings River Party Rental

(559) 281-1464

Policy Exp. 11/13/2021

**Bounce House rentals are required
to provide generators at all City of Dinuba park sites.
Please secure a generator through the bounce
house company contracted for
your party.**

The Vendor would need to meet the city requirements of purchasing a business license and providing a certificate of liability insurance. These documents would need to be provided to our office prior to rental date.



OFFICE USE ONLY

Request Number _____ **TSC Meeting Date:** _____

Nature of Request: _____

Staff review / sign-offs / list requirements:

City Manager's Office: _____

City Engineer: _____

Parks & Community Services: _____

Finance Services: _____

Fire Services: _____

Police Services: _____

Public Works: _____

City Clerk / Deputy City Clerk: _____

TSC Action:

- Denied**
- Approved**
- Approved with Conditions**

CONDITIONS OF APPROVAL:
