



## GORDON STREET BANNER POLICY

It is understood that Gordon Street is a State of Texas road and all banners, signs or other media that crosses over the road shall be in compliance with The State of Texas, Department of Transportation rules and regulations. The City of Alvin, at the City's discretion will allow approved organizations to display banners over Gordon Street only at the approved location and within the guidelines of TX-DOT and the City of Alvin.

- Only non-profit charitable organizations (must have a 501C-3) that are based within Brazoria County shall be allowed to apply for a street banner permit.
- Banner shall not promote any individuals or groups with a political intent.
- **Applications must be made a minimum of forty-five (45) days prior to the installation date and not more than six (6) months in advance.**
- Applicant must provide the City with proof of insurance, name the City of Alvin as additionally insured. Insurance shall be in the amount of not less than \$500,000.
- Only a professionally made banner consisting of mesh or net shall be allowed. The banner must span a minimum distance of 25 feet and possess the necessary anchors to attach to poles. The applicant shall provide 3' - 4' feet of rope on each end of the banner along with the type of hook needed. Existing banners with an excess amount of rope will be trimmed by the sign shop to fit the new mounting hardware next time we hang them.
- The banner must include ten (10) spring clips/links.
- **The banner must be dropped off at least two (2) days prior to the installation date and no more than five (5) days in advance.**
- The City of Alvin shall not be responsible for any damage or loss of the banner.
- Applicant shall fill out the **City of Alvin Banner Request Form** and the **State of Texas Application for Use of Right of Way for Temporary Signs for Special Events Form**. Applications must be submitted to City of Alvin Public Services Facility Building, 1100 West Highway 6, Monday – Thursday, 7am to 6pm.
- Applicant shall pay a \$100 installation fee to assist with the cost of hanging and removing the banner. Every effort will be made to install the banner on the day requested. However, the City of Alvin does not guarantee this schedule.



## GORDON STREET BANNER REQUEST FORM

### APPLICANT INFORMATION

Individual/  
Organization: \_\_\_\_\_

Tax ID#: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

### BANNER INFORMATION

Banner Size: \_\_\_\_\_

Event Date: \_\_\_\_\_

Installation Date: \_\_\_\_\_

Removal Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

*(A copy of the Policy must be submitted with application.)*

The banner application and payment must be received at least 45 days prior to the requested date of installation. Banner must be picked up within 5 days of removal date. If you have any questions, please call 281-388-4325 or email [pwadmin@cityofalvin.com](mailto:pwadmin@cityofalvin.com).



# Application for Use of Texas Right of Way for Temporary Signs for Special Events

Form 2057  
(Rev. 01/22)  
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Please print or type information.

Date: \_\_\_\_\_

To the Texas Department of Transportation (TxDOT)  
c/o District Engineer Alvin, Texas

**This form must be received at least 7 days prior to proposed use on the right of way.**

Applicant \_\_\_\_\_ proposes to place a  
sign within the right of way of Highway Business 35 Location Gordon Street  
Alvin, Texas in Brazoria County, Texas.

Check here for placement of multiple signs and submit the information requested on the Supplemental Sheet.

The temporary structure/vehicle will be placed n/a feet from the roadway and will have  
the following characteristics:

Mounting Height 30 ft Thickness \_\_\_\_\_

Sign Dimensions (Height, Width, Length) \_\_\_\_\_

Sign Material \_\_\_\_\_

Sign Support Dimensions \_\_\_\_\_

Sign Support Material \_\_\_\_\_

Proposed Text \_\_\_\_\_

Background Color \_\_\_\_\_ Legend Color \_\_\_\_\_

The right of way will be used **FROM DATE** \_\_\_\_\_ **TO DATE** \_\_\_\_\_  
(maximum of 60 days) and the nature of the event is \_\_\_\_\_

The sponsor of the event, if applicable, is \_\_\_\_\_

I will avoid or minimize impacts, and will, at my own expense, restore or repair damage resulting from this event.

I will be responsible for any damages or accidents that may occur during the term of this permit and save TxDOT and the State of Texas harmless.

I will abide by all applicable federal, state and local environmental laws, regulations, ordinances, and any conditions or restrictions required by TxDOT to protect natural and cultural resources of the right of way.

If this event causes hazardous traffic conditions to develop, I will cease the activity until corrective measures have been implemented.

It is expressly understood that TxDOT reserves the right to enforce the terms and conditions that it may deem necessary for the protection of the transportation facility and safety of the traveling public.

By signing below, I agree to the conditions/provisions included in this application. I am authorized to sign on the behalf of the organization holding the event.

Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_

City, \_\_\_\_\_ State Zip \_\_\_\_\_

Signature \_\_\_\_\_

Area Code Telephone Number \_\_\_\_\_



**CERTIFICATE OF INSURANCE**

Form 1560  
(Rev. 8/18)  
Previous editions of this form may not be used.  
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Agents should complete this form by providing all requested information, then either email, fax, or mail this form as noted at the bottom of page two. Copies of endorsements listed below are not required as attachments to this certificate.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not confer any rights or obligations other than the rights and obligations conveyed by the policies referenced on this certificate. The terms of the policies referenced in this certificate control over the terms of the certificate.

Insured: \_\_\_\_\_  
 Street/Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: ( ) - \_\_\_\_\_

**WORKERS' COMPENSATION INSURANCE COVERAGE:**

Endorsed with a Waiver of Subrogation in favor of TxDOT.

Carrier Name:			Carrier Phone #: ( ) -	
Address:			City, State, Zip:	
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability:
Workers' Compensation				Not Less Than: Statutory - Texas

**COMMERCIAL GENERAL LIABILITY INSURANCE:**

Carrier Name:			Carrier Phone #: ( ) -	
Address:			City, State, Zip:	
Type of Insurance:	Policy Number:	Effective Date:	Expiration Date:	Limits of Liability:
Commercial General Liability Insurance				Not Less Than: \$ 600,000 each occurrence

**BUSINESS AUTOMOBILE POLICY:**

Carrier Name:			Carrier Phone #: ( ) -	
Address:			City, State, Zip:	
Type of Insurance:	Policy Number:	Effective Date:	Expiration Date:	Limits of Liability:
Business Automobile Policy				Not Less Than: \$ 600,000 combined single limit

**UMBRELLA POLICY (if applicable):**

Carrier Name:			Carrier Phone #: ( ) -	
Address:			City, State, Zip:	
Type of Insurance:	Policy Number:	Effective Date:	Expiration Date:	Limits of Liability:
Umbrella Policy				

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.  
 THIS IS TO CERTIFY to the Texas Department of Transportation acting on behalf of the State of Texas that the insurance policies named are in full force and effect. If this form is sent by facsimile machine (fax), the sender adopts the document received by TxDOT as a duplicate original and adopts the signature produced by the receiving fax machine as the sender's original signature.

**Agency Name    Address    City, State, Zip Code**

\_\_\_\_\_

**Authorized Agent's Phone Number    Authorized Agent Original Signature    Date**

The Texas Department of Transportation maintains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under §§552.021 and 552.023 of the Texas Government Code, you also are entitled to receive and review the information. Under §559.004 of the Government Code, you are also entitled to have us correct information about you that is incorrect.