

Road Closure Request



REQUEST # _____ *(for office use only)*

Applicant Information:

Applicant Name: _____

Mailing Address: _____

Postal Code: _____ Tel: _____

Email: _____

Location Information:

Road Name: _____

Location From: _____ Location To: _____

Reason for Closure: _____

Please check one of the following:

Two Lane Closure:

Single Lane Closure:

From (Municipal Address) _____ to _____ **(two lane closure requirement)**

Notes:

1. The requesting party submits a Road Closure Request to the Road Authority/Manager of Public Works and Engineering for review and approval a minimum of 5 (five) working days (excluding of holidays) prior to proceeding with any work on the road allowance.
2. It shall be the Road Authority's responsibility to notify all the applicable emergency services, schools, etc. of the road closure taking place.
3. The applicant agrees prior to beginning any work to properly set up signage and safety devices and this shall be in conformance with the Ontario Traffic Manual, Book 7. Upon completion of the work all signage and safety devices shall be removed. It is the applicant's responsibility to provide all necessary and signage and safety devices.

Date of Work:

Start: _____

Finish: _____

Signature of Applicant

Date of Application

Office:

Approval Signature: _____ Date: _____

Distribution: Road Supervisor _____