TEMPORARY ROAD CLOSURE PERMIT

APPLICANT OR ORGANIZATION		
Name:		
Contact:		
Address		
City/Town	Province	Postal Code:
Phone:		
Email:		
DATE OF EVENT:	TIME:	
NAME OF EVENT:		
TYPE OF EVENT: ie: toll booth, bike trek, parade, etc.		
LOCATION OF EVENT:		
TEMPORARY ROAD CLOSURE REQUIRED: Yes:	No:	
ROAD CLOSURE LOCATION:		
DETOUR DETAILS:		

TERMS AND CONDITIONS: $30.00 Fee Payable to the Town of Erin must accompany application.

Please include a map detailing the location/route and the duration of the event.
For Road Closure - Detour details & Road Closure location required.

Notification: Police _____   Fire _____   Ambulance _____   County of Wellington _____

A Certificate of Liability Insurance in the amount of $5,000,000.00 naming the Town of Erin as additionally named insured. Proof from the Town of Erin Fire & Emergency Services, Ambulance and OPP acknowledging knowledge of the event must be attached, acceptable to the Roads Foreman.

_____ accepts full responsibility of any costs, suits, actions or damages that may arise or be taken against the Corporation of the Town of Erin by reasons of or in connection with this event.

_____ accepts full responsibility for traffic control, crowd control, barricades, safety precautions, and clean up associated with this event. The event must be advertised in advance to notify residents, businesses and institutions of possible disruption due to the event.

Please allow two (2) weeks for processing of application

Applicant Name: _____   Organization Name: _____

Applicant Signature _____   Date _____

I have the authority to sign this form that commits the above-mentioned organization to the above terms and conditions.

for Town of Erin use:			
Roads Department Approval:	Date: _____	Name: _____	
	Signature: _____		
Fire Department Approval:	Date: _____	Name: _____	
	Signature: _____		
Other Department Approval:	Date: _____	Name & Department: _____	
	Signature: _____		

As per Town of Erin By-Law #17-08 Temporary Road Closure - Special Events
PERMISSION is hereby granted:

_____   _____
Roads Foreman   Date of Issue

cc: CAO   Economic Development   _____
             Fire Chief   County of Wellington   _____

Any or all requirements of this permit can be waived with the written approval of the Road Superintendent