



Application for Road Closure

General Information

Emergency Closing <input type="checkbox"/> Yes <input type="checkbox"/> No	Road to be Closed		Application No.
Limits From:	To:		
Name of Applicant	Telephone No. ()	Date of Application Yr. Mo. Day	
Address Street/P.O. Box No.	City/Town	Province	Postal code
		ON	

Dates(s) / Time(s) of Closing

Day	Mo.	From	Day	Mo.	From	Day	Mo.	From	Day	Mo.	To
Day	Mo.	From	Day	Mo.	From	Day	Mo.	From	Day	Mo.	To

Reason for Closing

Detour Information

Will a Detour be Provided?	If yes, give route
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Approvals

Detour Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Area Municipality Representative	Position Title
Road Closing Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Area Municipality Representative	Position Title

Conditions

I/We, the applicant(s) for this road closing, agree as follows:

- To provide and install all necessary facilities to physically close the road and provide safety for the motoring public to the satisfaction of the Town of Caledon.
- To provide and install all necessary signing on the approved detour to the satisfaction of the Town of Caledon.
- To save The Town of Caledon and the area municipality harmless from any and all claims and/or damages arising out of this road closing and to provide any bond or insurance which may be required in this regard.
- The Town of Caledon, after giving notice to the applicant of required actions in conditions 1 or 2 may, after 24 hours proceed to take the necessary action and all costs will be charged to the applicant.
- To notify the appropriate Police and Fire Departments at least 24 hours prior to the road closing.
- To reimburse the Town of Caledon for the amount of \$ _____ for the supply, installation and removal of notification Signs as per recommendation PW-169-78.

Signature of Witness _____ Date _____ Yr. | Mo. | Day
 Signature of Applicant _____ Position Title _____

Final Approval

Date of Approval by Committee or Council	Date of Approval by Commissioner of Public Works or designate
_____ Yr. Mo. Day	_____ Yr. Mo. Day
Reference Number _____	Signature of Commissioner of Public Works or designate _____

Road Closure Permit

The following information and correspondence is required a minimum of five weeks prior to events, in order to process and approve a permit:

- A letter of intent detailing:
 - a. Company name and complete address
 - b. Contact person
 - c. Telephone and fax numbers
 - d. Desired location with limits
 - e. Proposed dates and times
 - f. Number of participants and vehicles
 - g. Brief description of event
 - h. A route map
- This Letter must also be sent to the Ontario Provincial Police
- Application fee of \$48 (intermittent stoppage) or \$598 (full day).
- An insurance certificate naming the Town of Caledon as additional insured for an amount no less than \$5 million.
- A Road Closure Application must be completed.

Once the Town has received the above items, an Approval Letter and Indemnification **and** Hold Harmless Agreement will be sent to the applicant. The applicant must complete and return the **Indemnification and Hold Harmless Agreement** prior to the event, and all conditions in the Approval Letter must be complied with.

The Town of Caledon
Public Works & Engineering
6311 Old Church Rd.
Caledon, Ontario, L7C 1J6
Tel: 905-584-2272
Fax: 905-584-5313