



TEMPORARY ROAD CLOSURE REVIEW REQUEST

Applicant:	
Location:	
Reason For Closure:	
Date(s) and Duration of Closure:	
How is closure to be maintained?	
Is public notice to be circulated/published?	

CHECKLIST:

1	Is the nature of the requested closure in compliance with the intent of Township Bylaw No. 2003-60?	Yes		No			
2	Has the applicant submitted a written request to the Township for a road closure?	Yes		No		N/A	
3	Has the applicant provided insurance documentation naming the Township as an additionally insured party?	Yes		No		N/A	
4	Has the applicant provided a sufficient traffic control plan?	Yes		No		N/A	
5	Has the applicant notified the OPP, Fire Department and Ambulance?	Yes		No		N/A	

ROAD CLOSURE COMMITTEE COMMENTS:

--

Public Works Manager	Date:
Signature:	
Mayor	Date:
Signature:	
Chief Administrative Officer	Date:
Signature:	
Director of Administrative Services/Clerk	Date:
Signature:	
Director of Economic Growth & Community Development Services	Date:
Signature:	
Director of Community & Customer Services	Date:
Signature:	
Director of Emergency Services / Fire Chief	Date:
Signature:	