



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 Corporate Services					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:							