

Road Closure Permit

AUTHORIZATION # _____

Complete and forward the following application to request authorization to close a road in Thames Centre and send to:
Roads@thamescentre.on.ca

Applicant Information

Applicant Name			
Company Name			
Telephone	Business:		
	Cell:		
Email			

Location Information:

Road Name			
Location From:		Location To:	
Description of Work			

Please Check one of the Following:

Two Lane Closure ☐ One lane Closure ☐

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

Notes:

1. The requesting party submits a Road Closure Request to **Roads@thamescentre.on.ca** for review and approval a minimum of 5 (five) working days (excluding holidays) prior to proceeding with any work on the road allowance
2. It Shall be Thames Centre's responsibility to notify all the applicable emergency services including schools, buses, etc. of the road closure taking place.
3. The applicant agrees prior to beginning any work to properly set up signage and safety devices needed to comply with the Ontario Traffic Manual, Book 7. Upon completion of work, all signage and safety devices shall be removed. It is the applicant's responsibility to provide all necessary signage and safety devices.
4. A detailed plan of a detour route conforming with the Ontario Traffic Manual, Book 7, to be supplied to Thames Centre a minimum of five (5) working days prior to construction
5. **The Municipality of Thames Centre must approve of the specified contractor assigned to the work**

Date & Time of Work: Start _____ Finish _____

Fees for this application are as per Thames Centre's current Tariff of Fee's By-Law

Signature of Applicant

Date

Thames Centre (Office Use Only)

Approval Signature		Date:	
Distribution	Director of Public Works, Transportation Superintendent		