



**TEMPORARY ROAD CLOSURE REVIEW REQUEST**

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

**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:**


<b>Public Works Manager</b>	<b>Date:</b>
Signature:	
<b>Mayor</b>	<b>Date:</b>
Signature:	
<b>Chief Administrative Officer</b>	<b>Date:</b>
Signature:	
<b>Director of Corporate Services/Township Clerk</b>	<b>Date:</b>
Signature:	
<b>Director of Economic Growth &amp; Community Development Services</b>	<b>Date:</b>
Signature:	
<b>Director of Community &amp; Customer Services</b>	<b>Date:</b>
Signature:	
<b>Director of Emergency Services / Fire Chief</b>	<b>Date:</b>
Signature:	