



Township of Wellington North

Temporary Road Closure Permit

Please complete the top section of this application and return it to the Public Works Department

7490 Sideroad 7 West, P.O. Box 125, Kenilworth, ON N0G 2E0

Fax: 519-848-3228 or Email: township@wellington-north.com

Organization: _____	Contact Person: _____
Address: _____	
Postal Code: _____	Phone: _____
Email: _____	
Signature: _____	Date: _____

Name of Road to be closed: _____
Date of Closure: _____ Time of Closure: _____ to _____
Reason for road closure: <input type="checkbox"/> Parade <input type="checkbox"/> Festival <input type="checkbox"/> Toll Booth <input type="checkbox"/> Race/Run <input type="checkbox"/> Other: _____

APPLICANT MUST ATTACH THEIR OWN MAP TO THIS APPLICATION. Please indicate on map the route or area that needs to be closed. IF POLICE ASSISTANCE IS REQUIRED, CONTACT THE WELLINGTON COUNTY OPP DIRECTLY.

For Office use only:

THE WELLINGTON NORTH PUBLIC WORKS DEPARTMENT SHALL NOTIFY THE FOLLOWING DEPARTMENTS:

Roads Dept.: <input type="checkbox"/> Date: _____	Fire Dept: <input type="checkbox"/> Date: _____	Parks & Rec.: <input type="checkbox"/> Date: _____	Water Dept.: <input type="checkbox"/> Date: _____
O.P.P.: <input type="checkbox"/> Date: _____	WN Power: <input type="checkbox"/> Date: _____	GW Paramedics: <input type="checkbox"/> Date: _____	

Roads Superintendent: Dale Clark
Name: Dale Clark Signature: _____ Date: _____
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Reason: _____
Document Revision <input type="checkbox"/> Date: _____

Insurance requirement/Documentation: The Township of Wellington North requires submission of a Certificate of Insurance evidencing and confirming insurance for your group or association. You must have Comprehensive General Liability coverage in the amount of \$2,000,000.00. The Township of Wellington North must be also be named as an “additional insured” on the Certificate of Insurance for the function, activity you are requesting the permit. In the event of a Third Party Claim, this will protect the Township of Wellington North’s interests only in relation to your parties function or activity. Please include certificate with application. Thank you for your cooperation and attention to this matter.