



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: _____ | |

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|--|
| 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: _____ | |

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|---|
| Director of Public Works: |
| Name: Matthew Aston 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.