



**CORPORATION OF THE TOWN OF ERIN**  
 5684 Trafalgar Road  
 Hillsburgh, ON N0B 1Z0  
 Phone: 519-855-4407 Fax: 519-855-4821

**TEMPORARY ROAD CLOSURE PERMIT**

<b>APPLICANT OR ORGANIZATION</b>		
Name: _____		
Contact: _____		
Address _____		
City/Town _____	Province _____	Postal Code: _____
Phone: _____		
Email: _____		
DATE OF EVENT: _____	TIME: _____	
NAME OF EVENT: _____		
TYPE OF EVENT: ie: toll booth, bike trek, parade, etc. _____		
LOCATION OF EVENT: _____		
TEMPORARY ROAD CLOSURE REQUIRED: Yes: _____	No: _____	
ROAD CLOSURE LOCATION: _____		
DETOUR DETAILS: _____		

**TERMS AND CONDITIONS:** \$25.00 Fee Payable to the Town of Erin must accompany application.

**Please include a map detailing the location/route and the duration of the event.  
 For Road Closure - Detour details & Road Closure location required.**

<b>Notification:</b> Police _____	Fire _____	Ambulance _____	County of Wellington _____
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A Certificate of Liability Insurance in the amount of \$5,000,000.00 naming the Town of Erin as additionally named insured. Proof from the Town of Erin Fire & Emergency Services, Ambulance and OPP acknowledging knowledge of the event must be attached, acceptable to the Roads Foreman.

\_\_\_\_\_ accepts full responsibility of any costs, suits, actions or damages that may arise or be taken against the Corporation of the Town of Erin by reasons of or in connection with this event.

\_\_\_\_\_ accepts full responsibility for traffic control, crowd control, barricades, safety precautions, and clean up associated with this event. The event must be advertised in advance to notify residents, businesses and institutions of possible disruption due to the event.

**Please allow two (2) weeks for processing of application**

Applicant Name: \_\_\_\_\_ Organization Name: \_\_\_\_\_  
 Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I have the authority to sign this form that commits the above-mentioned organization to the above terms and conditions.

<b>for Town of Erin use:</b>		
Roads Department Approval:	Date: _____	Name: _____
	Signature: _____	
Fire Department Approval:	Date: _____	Name: _____
	Signature: _____	
Other Department Approval:	Date: _____	Name & Department: _____
	Signature: _____	

**As per Town of Erin By-Law #17-08 Temporary Road Closure - Special Events**

**PERMISSION is hereby granted:**

Roads Foreman _____	Date of Issue _____
cc: CAO _____	Economic Development _____
Fire Chief _____	County of Wellington _____

*Any or all requirements of this permit can be waived with the written approval of the Road Superintendent*