



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

SPECIAL EVENT PERMIT

APPLICANT OR ORGANIZATION		
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.**

Notification: Police _____	Fire _____	Ambulance _____	County of Wellington _____
-----------------------------------	------------	-----------------	----------------------------

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 Road Superintendent.

_____ 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: _____
Please Print
 Applicant Signature _____ Date _____

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

for Town of Erin use:	
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:	
_____	_____
Road Superintendent	Date of Issue
cc: CAO/Town Manager _____	Economic Development _____
Fire Chief _____	County of Wellington _____
<i>Any or all requirements of this permit can be waived with the written approval of the Road Superintendent</i>	