



## STREET CLOSURE-EVENT APPLICATION

For Office Use Only  
Permit No.

### 1. Applicant Information (Primary Contact)

Organization Name:			
Mailing Address:		Primary Contact Name:	
City, Township, Village:	Province:	Postal Code:	
Telephone No.:	Fax No.:	E-mail:	

### 2. Event Description

Event Name	
Council Approval	<input type="checkbox"/> Yes, this event has a previous Council endorsement <input type="checkbox"/> No, this is a new event that does not have Council endorsement
Date (s) of Event	
Time	
Facility Booking	Does this Road Closure Event coincide with a Booked Facility Event at one of the Township's Facilities?  <input type="checkbox"/> Yes (Provide more information: _____) <input type="checkbox"/> No
Type of Event	<input type="checkbox"/> Parade <input type="checkbox"/> Street Event / Block Party <input type="checkbox"/> Festival <input type="checkbox"/> Group Walk / Run / Cycle <input type="checkbox"/> Cycling, Running Race or Soap Box Derby <input type="checkbox"/> Other:
Anticipated Number of Attending and Participants	<input type="checkbox"/> up to 500 <input type="checkbox"/> 500 to 2000 <input type="checkbox"/> over 2000
Is there alcohol being served at this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are tents being erected as part of this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Have you prepared an emergency plan for this event?	<input type="checkbox"/> Yes (attached) <input type="checkbox"/> No
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### 3. Road Closures Required

Road Closure Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date of Road Closure	
Start Time of Road Closure	
End Date of Road Closure	
End Time of Road Closure	
Road(s) to be Closed	

### 4. Event and Detour Map

<p><b>Event Location and Event Signage Map MUST BE ATTACHED</b> (ensure the following are detailed on the map) *Signage Details:</p> <ul style="list-style-type: none"><li>• It is less than 3.0 m<sup>2</sup> in size;</li><li>• It is freestanding;</li><li>• It does not interfere with an official sign, traffic signal or safety device;</li><li>• It is in place for less than one week;</li><li>• It is removed by three days after the event;</li><li>• It is at least 10 m away from a driveway; and</li><li>• It is at least 8 m away from the edge of pavement. If the sign is less than 0.7 m<sup>2</sup></li><li>• Signs greater than 0.7 m<sup>2</sup> will be placed at the outer edge of the Township road right-of-way.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Event Location</li><li><input type="checkbox"/> Event Route</li><li><input type="checkbox"/> Details of Road(s) To Be Closed</li><li><input type="checkbox"/> Location of Event Signage*</li><li><input type="checkbox"/> Location of off-street vehicle parking</li><li><input type="checkbox"/> Location of comfort stations</li></ul>
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<p><b>Detour Route and Detour Signage Map MUST BE ATTACHED</b> (ensure the following are detailed on the map) *For Signage Details, see above</p> <ul style="list-style-type: none"> <li>• Outline the detour route;</li> <li>• Ensure the detour route is at least 7.0 m wide, allows trucks to turn at corners without crossing into the oncoming lane of traffic or onto adjacent property, and can accommodate normal Township road traffic;</li> <li>• Show the related signage to be used; and</li> <li>• Include a list of all equipment and personnel that will be used to properly mark and enforce the detour.</li> </ul>	<p><input type="checkbox"/> Detour Route</p> <p><input type="checkbox"/> Details of Detour</p> <p><input type="checkbox"/> Location of Detour Signage</p>
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**5. Traffic Control**

<p>Traffic Controller Note: If the police accept all of the road closure responsibilities, you must provide a written letter from the police to arrange the closures and detours.</p>	<p><input type="checkbox"/> Municipality (if Municipality, fees may apply)</p> <p><input type="checkbox"/> Local Police Detachment</p> <p><input type="checkbox"/> Person Trained in Ontario Traffic Manual Book 7</p>
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Name	
Title	
Signature	

By signing below, I hereby agree to perform the traffic control responsibilities as stated in the current version of Book 7 of the Ontario Traffic Control Manual. I have read and agreed to the enclosed detailed traffic control plan, and I have reviewed the detour within the plan.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6. Advertisement and Notice**

<p>How are you advertising your event and notifying impacted parties?</p>	
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**7. Insurance & Declaration**

### Insurance

The Organization shall, at its expense, obtain and keep in force prior to approval of this Permit to ten days after the event, commercial general liability insurance including the following and underwritten by an insurer licensed to conduct business in the Province of Ontario:

- A limit of liability of not less than \$5,000,000/occurrence;
- Township of Wilmot is named as an additional insured;
- Confirmation that the policy contains a provision for cross liability in respect of the named insured, and a severability of interests clause;
- Non-owned automobile coverage with a limit of at least \$2,000,000 including SEF 96 (contractual liability);
- Products and completed operations coverage (Broad Form) with an aggregate limit not less than \$5,000,000; and
- Provide 30 days prior notice in writing of cancellation or material change in policy terms that reduces coverage to the Township.

### Confirmation

1. I will ensure that the Organization is aware that by providing the required certificate of insurance, the Organization:
2. Approves of this event permit application; and
3. Authorizes me to act on behalf of the Organization as the Applicant.
4. I am aware of the procedures necessary and risks involved with organizing the event.
5. I acknowledge that Township of Wilmot roads are not in a new condition and may have imperfections including but not limited to cracks, potholes, pavement distortion, gravel on the pavement, pavement drop off and washouts that could contribute to a possible injury to a participant of the event.
6. I have read and understood the Township of Wilmot Roads Road Closure Event Permit details and acknowledge it may take up to 6 weeks to process this application.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

**8. Circulation (for office use only)**



<b>Department</b>	<b>Signature</b>	<b>Comments/Requirements</b>
Development Services		
Fire		
Finance		
Engineering		
Roads		
Clerks		