

SCHEDULE I: TEMPORARY ROAD/SIDEWALK CLOSURE PERMIT



KINDERSLEY MUNICIPAL ENFORCEMENT APPLICATION FOR TEMPORARY ROAD / SIDEWALK CLOSURE PERMIT

Permit Fee: \$40.00

Permit No. _____

- Road Closure
 Sidewalk Closure
 Road & Sidewalk Closure

Applicants Name: _____ Contact Name: _____

Mailing Address: _____

City/Municipality: _____ Province: _____

Telephone: _____ Fax: _____ Email: _____

Location of Proposed Closure:

Civic address or location _____

Lot _____ Block _____ Registered Plan _____

**Please highlight the exact location on the enclosed map.*

Purpose: Infrastructure Repair Parade/Festival/Event Other: _____

Approximate Date/Time of Closure: _____

START Date/Time of Closure

END Date/Time of Closure

Please choose one of the following:

____ 1. It is the Applicant's responsibility to call 306-463-2675 on the preceding day for a confirmation reminder to have the barricades delivered to proposed site closure.

OR

____ 2. It is the Applicant's responsibility to pick up the barricades from 411-1st Avenue West on the last working day preceding the proposed closure and return the barricades after the proposed closure. Please show permit at time of arrival.

Applicant Name (PRINT)

Date (DD/MM/YYYY)

Signature of Applicant

To be completed by Administration:

Permission is hereby granted to the applicant for a Temporary Road / Sidewalk Closure Permit.

PERMIT VALID: From: _____ To: _____

EXACT LOCATION APPROVED: _____

DEPARTMENT ADVISED:

- ___ RCMP
- ___ EMS
- ___ FIRE
- ___ Public Works
- ___ Bylaw
- ___ Other:

DATE (DD/MM/YYYY)

PRINT NAME

SIGNATURE