



KINDERSLEY MUNICIPAL ENFORCEMENT

SCHEDULE "1"

APPLICATION FOR TEMPORARY ROADWAY CLOSURE PERMIT

Permit Fee: \$50.00 Permit No. _____

- Radio buttons for Road or Back Lane Closure, Sidewalk Closure, and Roadway & Sidewalk Closure.

Applicants Name: _____ Contact Name: _____

Mailing Address: _____

City/Town: _____ Province: _____

Telephone: _____ Email: _____

Location of Proposed Closure (Indicate Civic Address or intersecting points): _____

Radio button for All Requested Areas for Closure are Indicated on Attached Map (Please highlight general area)

Purpose: Radio buttons for Infrastructure Repair, Parade/Festival/Event, and Other: _____

Approximate Date/Time of Closure: _____ START Date/Time of Closure _____ END Date/Time of Closure _____

Please choose one of the following:

1. Barricade Delivery Option: It is the Applicant's responsibility to call on the preceding day for a confirmation reminder to have the barricades delivered to proposed site closure. Cost for Delivery/Pick-up Option is an additional \$100.00.

OR

2. Barricade Pick-up Option: 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 the permit at the time of arrival. No extra additional charge for this option.

OR

3. Special Walking Parade Option: (Example: Terry Fox Walk) It is the Applicant's responsibility to provide personal available to temporary close intersections for traffic control at no extra additional cost. For Town personnel to provide personnel for the closure an additional fee of \$150.00 is required. Please circle option: Radio buttons for Town Personnel - \$150.00 and Event Personnel

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 _____

