

Permit Number

V-12-207 10/06

## **Application for Full Road Closure**

Signature of Commissioner of Public Works or designate

**General Information Emergency Closing** Region Road to be Closed Brampton Permit No. Caledon Yes No Mississauga Limits To: From: Telephone No. Name of Applicant Date of Application YYYY - MM - DD Address Street/P.O. Box No. City/Town Postal code Province Dates(s) / Time(s) of Closing From Day Mo. From То Day Mo. From Τo Τo Dav Mo. From Τo Dav Mo. From To Day Mo. From Reason for Full Road Closure **Detour Information** Will a Detour If yes, give route be Provided? Yes No **Approvals Detour Approval** Signature of Area Municipality Representative **Position Title** Yes **Position Title** Road Closing Approval Signature of Area Municipality Representative Yes Conditions I/We, the applicant(s) for this road closure, agree as follows: To provide or ensure that all necessary facilities to physically close the road and provide safety for the motoring public is to the satisfaction of the Regional Municipality of Peel. To provide or ensure that all necessary signage of the approved detour is to the satisfaction of the Regional Municipality of Peel. 3. To save the Regional Municipality of Peel and the area municipality harmless from any and all claims and/or damages arising out of this road closure and to provide any bond or insurance that may be required in this regard. The Regional Municipality of Peel, after giving notice to the applicant of the required actions in conditions 1 or 2 may, after 24 hours, proceed to take the necessary action and all costs will be charged to the applicant. To reimburse the Regional Municipality of Peel for the amount of for the supply, installation and removal of notification signs as per recommendations PW-169-78. YYYY - MM - DD Signature of Applicant Position Title Signature of Witness Final Approval Date of Approval by Committee or Council Date of Approval by Commissioner of Public Works or designate YYYY - MM - DD YYYY - MM - DD