

General Information

Emergency Closing <input type="checkbox"/> Yes <input type="checkbox"/> No	Region Road to be Closed	<input type="checkbox"/> Brampton <input type="checkbox"/> Caledon <input type="checkbox"/> Mississauga	Permit No.
Limits From:		To:	
Name of Applicant		Telephone No.	Date of Application YYYY - MM - DD
Address	Street/P.O. Box No.	City/Town	Province Postal code

Dates(s) / Time(s) of Closing

Day	Mo.	From	To	Day	Mo.	From	To	Day	Mo.	From	To

Reason for Full Road Closure

Detour Information

Will a Detour be Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give route
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Approvals

Detour Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Area Municipality Representative	Position Title
Road Closing Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Area Municipality Representative	Position Title

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.
- 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.

Date _____
YYYY - MM - DD

Signature of Applicant _____

Signature of Witness _____

Position Title _____

Final Approval

Date of Approval by Committee or Council _____ YYYY - MM - DD	Date of Approval by Commissioner of Public Works or designate _____ YYYY - MM - DD
Permit Number _____	Signature of Commissioner of Public Works or designate _____