



ROAD CLOSURE REQUEST (TO BE COMPLETED WITH ROAD OCCUPANCY PERMIT)

ROP NO. _____

SECTION ONE – APPLICANT INFORMATION		SECTION TWO – ADDITIONAL INFORMATION				
APPLICANT:		DATE OF APPLICATION		PERMIT FEE		
REPRESENTATIVE:		YYYY	MM		DD	
TELEPHONE:						
RETURN FAX:		PROPOSED CLOSURE START DATE		PROPOSED CLOSURE END DATE		
REASON FOR ROAD CLOSURE:		YYYY	MM	DD	YYYY	MM
STREET NAME CLOSURE IS ON:		LOCAL ACCESS MAINTAINED		NIGHTLY CLOSURES		
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
BETWEEN:	AND:	SIGNATURE OF APPLICANT OR REPRESENTATIVE				
SECTION THREE – CLOSURE REQUIREMENTS		SECTION FOUR – KEY MAP Indicate Work Location				
DETAILED JUSTIFICATION FOR CLOSURE AND ALTERNATIVE METHODS CONSIDERED CERTIFICATE OF INSURANCE WSIB CERTIFICATE TRAFFIC MANAGEMENT PLAN COMMUNICATION PLAN Notice to: - Local residents and businesses - Emergency services - Transit services - Local school bus operators - Other relevant parties						
SECTION FIVE – TERMS AND CONDITIONS						
1. All terms and conditions of the associated ROP apply to this road closure. 2. All emergency services must be notified of the road closure by the applicant, prior to the closure.						
SECTION SIX – CONDITIONS OF APPROVAL						
SECTION SEVEN – APPROVALS				SIGNATURE	DATE APPROVED	
				YYYY	MM DD	
TRAFFIC MANAGEMENT PLAN	TRAFFIC ANALYST	_____		_____	_____	
ROP, INSURANCE, FEES	DIRECTOR OF TRANSPORTATION SERVICE, PARKS AND FORESTRY OPERATIONS, or DESIGNATE	_____		_____	_____	
CLOSURE APPROVAL	CITY COUNCIL or DEPUTY CITY MANAGER, PUBLIC WORKS, or DESIGNATE	_____		_____	_____	



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ADDITIONAL COMMENTS:

A large, empty rectangular box with a black border, intended for providing additional comments or details for the road closure request.